



**OHSU Hospital & Clinic  
& Doernbecher Children's Hospital**  
Portland, Oregon 97201

**DOWNTIME BLOOD PRODUCT  
AND TRANSFUSION ORDER**

ACCOUNT NO.

MED. REC. NO.

NAME.

BIRTH DATE

Deliver specimen to DH 4025, Pneumatic Tube Station: 42, Phone 4-8537

**Note:** All specimens for pretransfusion testing must be labeled at the patient's bedside with patient's full name, MR#, date collected, and full signature of phlebotomist. Two-person identification is required for all Transfusion Service samples; both signatures must appear on the requisition. Prior to transfusion, consent for transfusion must be documented in the patient's chart. See on-line blood consent form: <http://ozone.ohsu.edu/healthsystem/HIS/co1407.pdf>

We verify that the sample submitted is correctly labeled with the name/medical record number of the patient whose blood was drawn.

Signed: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Second (Witness) Signature \_\_\_\_\_ Date/Time: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_ Ordering Physician: \_\_\_\_\_

Date and time needed: \_\_\_\_\_ Diagnosis/Indication: \_\_\_\_\_

Is this a Hem/Onc, solid organ, or BMT candidate/recipient? \_\_\_\_\_ Yes \_\_\_\_\_ No

Special Product Needs (e.g. Leukoreduced/CMV-safe, Irradiated, HBS neg, RC5, etc., list all that apply):

**Blood Product/Transfusion Service Work Requested:**

\_\_\_ Type and Screen    \_\_\_ ABORh    \_\_\_ Direct Anti-Globulin Test

\_\_\_ Red Cells: Type and Crossmatch for \_\_\_\_\_ unit(s) of \_\_\_\_\_

\_\_\_ Other Products (platelet pheresis, FFP, cryo, etc.) \_\_\_\_\_ unit(s) of \_\_\_\_\_

\_\_\_ Aliquots (peds/neo): Volume \_\_\_\_\_ Product \_\_\_\_\_

\_\_\_ Cord Blood Routine    \_\_\_ RhoGam Workup (\_\_\_ Weeks Gestation)

\_\_\_ Hold Sample, Do Not Process    \_\_\_ Other (specify) \_\_\_\_\_

**TRANSFUSION SERVICE USE ONLY:**

ABO/RH TYPE & RETYPE

REVIEW OF HISTORY:

	anti-A	anti-B	Anti-D	D Cont	A1 Cell	B cell	ABO/Rh	Tech	Date
Initial Type									
Retype									

**ANTIBODY SCREEN**

**OTHER TESTS/COMMENTS:**

1 AHG	2 AHG	3 AHG	INTERP	TECH	DATE