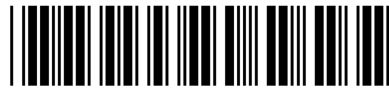
Oregon Health & Science University
Hospitals and Clinics Provider's Orders

PO1500



BLOOD PRODUCT AND TRANSFUSION ORDER (DOWNTIME FORM)

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

Deliver specimen to HRC9 Hatfield Lab Services, Pneumatic Tube Station: 149, 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, Precaution and Washed, 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 ______________________

______ Pedi-packs (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

1 AHG	2 AHG	3 AHG	INTERP	TECH	DATE

OTHER TESTS/COMMENTS: