All requests must be faxed to Stanton Blood Bank **Fax: 867-669-4306**

*STAT ORDERS MUST ALSO BE PHONED

	Monday - Friday	Weekend/STAT holidays
Phone LAB: 867-669-4373	Hours: 0630 to 2300	Hours: 0630-1500
Phone PCC: 867-445-8770	Hours: 2300 to 0630	Hours: 1500-0630

Hospital: ____________ Date: ____________ Time: ____________

Delivery Priority: **ROUTINE ☐** **STAT* ☐**

Delivery Mode: ____________ Date/Time Required By:

Requested By: ____________

Comments: ____________

Ordering Physician:

Patient Information	Initials: Antibodies Identified:	Birthdate: Healthcare Number: Ident/Band Number:	
Units Required:	Amount:	ABO/Rh:	
Circle Required Negative Antigens	**C E c e K FyA FyB JkA JkB S s**		
Additional Antigens			
ABO Compatible Substitution Acceptable?	Yes ☐ No ☐	If NO why?	
Additional Requirements: (Check all that apply)	☐ Irradiated	☐ IgA deficient Recipient	☐ Surgery Date:
	☐ Washed	☐ Less than Days old	☐ Transfusion Date:
	☐ CMV Negative, Irradiated	☐ Other – Specify:	☐ For Stock Only

Shipping Information (to be filled in by Stanton staff)

Waybill # and Airline:	
Packaged by:	Date and Time: