



Stanton Territorial Hospital
 P.O. Box 10, 550 Byrne Road
 YELLOWKNIFE NT X1A 2N1

Document Name:
RBC Order Form (Within NWT)

Distribution:
Transfusion Medicine Manual

Document Number:
TMM13081.1

Date Issued:
03 Jan 2018

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

**This is for RBC orders from Stanton only. If plasma and/or platelets are required these must be ordered from CBS directly*

Hospital: _____		Date: _____		Time: _____												
Delivery Priority:		ROUTINE <input type="checkbox"/>		STAT* <input type="checkbox"/>												
Delivery Mode: _____		Date/Time Required By: _____														
Requested By: _____																
Comments: _____																
RBC	O POS		O NEG		A POS		A NEG		B POS		B NEG		AB POS		AB NEG	
	# required	To be filled	# required	To be filled	# required	To be filled	# required	To be filled	# required	To be filled	# required	To be filled	# required	To be filled	# required	To be filled
RBC (no modifiers)																
Irradiated Only																
Special Request (please write negative antigen requirements below)																
Current Hospital Inventory																

Shipping Information (to be filled in by Stanton staff)

Waybill # and Airline:
Filled by:

NOTE: This is a controlled document for internal use only. Any documents appearing in paper form are not controlled and should be checked against electronic version prior to use.