

Blood Bank Armband Number _____

Total Number of Units Ordered for Transfusion: _____

Requesting Unit Number: 1st 2nd 3rd 4th (circle one) Other: _____

RBC _____ Order verified: _____

Platelet _____ Patient's HOSPITAL armband verified: _____

Plasma _____ IV access verified: _____

Cryo _____ Baseline vital signs taken and recorded: _____

Consent verified: _____

Special Transfusion Attributes:

_____ Irradiated Products _____ Patient Has Sickle Cell Anemia

_____ CMV-Seronegative Products _____ Other: _____

_____ Patient Has Had Previous Transfusion Reactions

Requestor's Signature: _____ Date/Time: _____

Pneumatic Tube Station: _____ Nursing Unit: _____

Patient Identification



**REQUEST FOR
TRANSFUSION**

S9970222

9970-222 (06/10)