



Remote Request for Blood Products

Blood Bank ID Number: _____

Hemoglobin _____

Tube Station Address: _____

Hematocrit _____

Product requested:

Platelet _____

☐ Leuko Reduced PRBC

Date _____

☐ Platelets

☐ FFP

☐ Autologous PRBC

Requested by: _____ Date: _____ Time: _____

Unit Number: _____ Unit Expires: _____

Blood Bank ID Number: _____

I have checked the patient demographic information, patient ABO and Rh, donor ABO and Rh, donor unit number, date of unit expiration, completed and attached the discard label, interpretation of the antibody screen and cross match results, and appearance of the unit.

Tech: _____ Date: _____ Time: _____

I have checked the patient demographic information, patient ABO and Rh, donor ABO and Rh, donor unit number, date of unit expiration, interpretation of the antibody screen and cross match results, and appearance of the unit.

Nurse: _____ Date: _____ Time: _____

**Return a copy to lab via pneumatic tube as soon as
completed.**