Sutter Roseville Medical Center
Laboratory Services
OP Infusion Center, MOB8

Effective: 04/15/2021

SRMC OP Infusion Center Blood Product Transfusion Request

(For pickups other than standard a.m., call 781-1187 to coordinate time. Fax completed form to 781-1237)

Requested pickup time: ☐ Standard a.m. pickup

Requested delivery date:___________________________________

☐ Other:______________

TO BE COMPLETED BY OP INFUSION CENTER					LAB USE ONLY
Patient Identification (EPIC label)	**BB Armband**	**# of Units**	**Product**	**Special Requirements**	**Unit Number(s)**
	☐ N/A		☐ PRBC ☐ Platelet ☐ Plasma	☐ Irradiated ☐ CMV neg ☐ Other:________ ☐ None	
	☐ N/A		☐ PRBC ☐ Platelet ☐ Plasma	☐ Irradiated ☐ CMV neg ☐ Other:________ ☐ None	
	☐ N/A		☐ PRBC ☐ Platelet ☐ Plasma	☐ Irradiated ☐ CMV neg ☐ Other:________ ☐ None	
	☐ N/A		☐ PRBC ☐ Platelet ☐ Plasma	☐ Irradiated ☐ CMV neg ☐ Other:________ ☐ None	