Modifications to Patient Blood Product Requirements in Sunquest Form

# Date/Time:

**Patient Name:**  **Patient Hospital ID#:**  .

**Transfusion Services Medical Director / Resident / Covering Physician:**  .

**Type of Modification:** *(Check All That Apply)*

**□ Add □Remove □ Continue PSBC Requirements**

# □ Irradiated:

**□ Leukoreduced**

**□ Volume Reduced**

**□ Washed Platelets**

**□ Washed RBC**

**□ HLA matched Platelets:**

 **Patient’s Hla Type:**

 **HLA Antibody Screen Results:**

**□ Other Restrictions or Comments:** *(Be Specific)*  .

**Reason For Modification:**  .

**Entered In Sunquest By:**  **Date:** **Time:**  .