|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Harborview Medical Center Inventory Order Form | | | | | | | | |
| To: Inventory Management - Puget Sound Blood Center | | | | | | Date | | |
| Tel: 425-656-3081 | | Main Fax: 425-251-3228 | | | | **Time Ordered** | | |
|  | | Backup Fax: 425-251-3574 | | | | **Ordered by:** | | |
|  | | | | | | Telephone: | | |
| **Shipping Time (for PSBC):** | | | | | | Notify PSBC when faxing! | | |
|  |  | | |  | | |  | | |
| Scheduled Stock Order | | | ASAP | | STAT ***(MUST CALL!)*** | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **RBCL** | | | | |  | | | | **RBCL**  **Irradiated** | | | | |  | | | | |
| **ABO** | | **Requested** | | | | |  | | | | **Requested** | | | | | **ABO** | | | | |
| Opos | |  | | | | |  | | | |  | | | | | Opos | | | | |
| Apos | |  | | | | |  | | | |  | | | | | Apos | | | | |
| Bpos | |  | | | | |  | | | |  | | | | | Bpos | | | | |
| ABpos | |  | | | | |  | | | |  | | | | | ABpos | | | | |
| Oneg | |  | | | | |  | | | |  | | | | | Oneg | | | | |
| Aneg | |  | | | | |  | | | |  | | | | | Aneg | | | | |
| Bneg | |  | | | | |  | | | |  | | | | | Bneg | | | | |
| ABneg | |  | | | | |  | | | |  | | | | | ABneg | | | | |
|  | |  | |  | | | | |  | | |  | |  |  | | | |  | | |  | |  | |  | |
|  | |  |  | |  | | | |  | | | | **PLR** | | | | **PLR**  **Irradiated** | | | | |  | |
|  | |  |  | | **ABO** | | | |  | | | | **Requested** | | | | **Requested** | | | | | **ABO** | |
|  | |  |  | | O pos or neg | | | |  | | | |  | | | |  | | | | | O pos or neg | |
|  | |  |  | | A pos or neg | | | |  | | | |  | | | |  | | | | | A pos or neg | |
|  | |  |  | | B pos or neg | | | |  | | | |  | | | |  | | | | | B pos or neg | |
|  | |  |  | | AB pos or neg | | | |  | | | |  | | | |  | | | | | AB pos or neg | |
|  | |  |  | |  |  | | | | | | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | | |  | | | | ***\*If Leukocyte Reduced is not needed for***  ***Platelets-Pheresis, please make a note.*** | | | | | | | | | | |
|  | | | |  | | | | |  | | | |  | | | |  | |  | | | | |  | | | |
|  | | | | **FFP/FP24** | | | | | **Cryoprecipitate**  **Pre-Pooled** | | | | **Liquid Plasma**  **(LIQP)** | | | | **Special Order Only** | | **CRYO**  **Single Units** | | | **Plasma – Cryo Reduced** | |  | |
| **ABO** | | | | **Requested** | | | | | **Requested** | | | | **Requested** | | | | **Requested** | | | **Requested** | | **ABO** | |
| Group O | | | |  | | | | |  | | | |  | | | |  | | |  | | Group O | |
| Group A | | | |  | | | | |  | | | |  | | | |  | | |  | | Group A | |
| Group B | | | |  | | | | |  | | | |  | | | |  | | |  | | Group B | |
| Group AB | | | |  | | | | |  | | | |  | | | |  | | |  | | GroupAB | |

|  |  |  |
| --- | --- | --- |
| **KEY** | | **Notes ( √ as indicated)**  **Will accept Non-LR Platelets**  **Will accept Non-LR RBCs**  **Will accept ABO Substitution**    **Will NOT accept ABO Substitution** |
| **Code** | **BLOOD COMPONENT / PROCESS** |
| RBCL | Red Blood Cell - Leukocyte Reduced |
| PLR | Platelets-Pheresis - Leukocyte Reduced |
| FFP | Fresh Frozen Plasma |
| CPP | Plasma - Cryoprecipitate Reduced |
| CRYO | Cryoprecipitated AHF |
| CRYP | Cryoprecipitated AHF **Pooled** |
| Irrd | Irradiation |
|  |  |