|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **University of Washington**  **Harborview Medical Center**  **325 9th Ave. Seattle, WA 98104** | [Laboratory Medicine banner](http://depts.washington.edu/labweb/index.htm) |  Harborview Medical Center Downtime Inventory Order Form | | | | | | | | |
| To: Inventory Management – Bloodworks Northwest | | | | | | Date | | |
| Tel: 425-656-3081 | | Main Fax: 425-251-3228 | | | | **Time Ordered** | | |
|  | | Backup Fax: 425-251-3574 | | | | **Ordered by:** | | |
|  | | | | | | Telephone: | | |
| **Shipping Time (for BWNW):** | | | | | | Notify BWNW 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** | | | **Special Order Only** | | **Pre**  **Pooled** | | **Pre Pooled**  **Irradiated** | |  | | |
|  | |  |  | **ABO** | | | **Requested** | | | **Requested** | | | **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 | | |
|  | | |  | |  | | | | |  | | | | |  | | | |  | |
|  | | | **FFP/FP24** | | **Cryoprecipitate**  **Pre-Pooled** | | **Liquid Plasma** | | | **Low Titer Group A Plasma** | | | **Special Order Only** | | **Plasma – Cryo Reduced** | |  | | |
| **ABO** | | | **Requested** | | **Requested** | | **Requested** | | | **Requested** | | | **Requested** | | **ABO** | | |
| Group O | | |  | |  | |  | | |  | | |  | | Group O | | |
| Group A | | |  | |  | |  | | |  | | |  | | Group A | | |
| Group B | | |  | |  | |  | | |  | | |  | | Group B | | |
| Group AB | | |  | |  | |  | | |  | | |  | | Group AB | | |

|  |  |  |
| --- | --- | --- |
| **KEY** | | **Notes ( √ as indicated)**    **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 |
| CRYP | Cryoprecipitated AHF **Pooled** |
| Irrd | Irradiation |