



Job Aid: Emergency Cell Locations & Requirements

Location		LPC			Group A Plasma		
		Type	Qty	Special Instructions	Type	Qty	
Methodist	ER	O+	4	1 tray of 4, >14 days until exp. when prepared	Liquid Plasma	2 trays of 4	
		O-	4	1 tray of 4, >14 days until exp. when prepared			
	OR	O-	4	>14 days until expiration when prepared	None		
	WHOLE BLOOD (LTOWB)						
	ER	O+	4	4 trays of 1, use until expiration date			
		O-*	4	4 trays of 1, use until expiration date			
*If "O neg" LTOWB is unavailable, substitute with O pos LTOWB units.							
Location		LPC			Group A Plasma		
		Type	Qty	Special Instructions	Type	Qty	
Riley	ER	O-	3	3 units, Replace 14 days from collection date	Liquid Plasma	3 units	
	WHOLE BLOOD (LTOWB)						
	ER	O-	3	3 trays of 1, Replace 14 days from collection date			
			LPC			Group A Plasma	
			Type	Qty	Special Instructions	Type	Qty
	OR	O-	1	CMV-, ≤ 14 Days old, NOT Irradiated.	Liquid Plasma	2 units	
	3E, 3422	O-	2	CMV-, ≤ 14 Days old, Irradiated	None		
4W, 4352	O-	1					
RH BB	RM 6252	O -	1	CMV-, ≤ 14 Days old, Irradiated	None		
LifeLine	Indianapolis	O-	2	>14 days until expiration when tray prepared	Liquid Plasma	2 units	
	Columbus	O-	2		Liquid Plasma	2 units	
	Lafayette	O-	2		Liquid Plasma	2 units	
	New Castle	O-	2		Liquid Plasma	2 units	
	Terre Haute	O-	2		Liquid Plasma	2 units	
	Tipton	O-	2		Liquid Plasma	2 units	
Indianapolis Motor Speedway		O-	4	Only on select dates at the discretion of the IMS Track Medical Director.	None		

NOTE: Refer to SOP BBCP-019 for complete Emergency Request instructions

When replacing products via PTS: Call the ward Charge RN on duty to inform that you are sending the replacement products by PTS and confirm location's tube station #. **Document on the Accession # line "sent to tube station #"**.

* Retain Pink copy for BB monitoring. Send white/yellow form with blood products.