

SECTION A:

Hospital: _____ Date/Time of Order: _____

Patient Name: _____ DOB: _____

Ordering Physician: _____

SECTION B:

- All products supplied will be leukocyte-reduced, HgbS negative, irradiated, and ≤ 5 days old unless otherwise specified.
- Group O red cells will be reconstituted with Group AB plasma, unless otherwise specified or discussed.
- Red cells must be confirmed as negative for the following antigens: _____

List any other additional requirements for the product in this box.

SECTION C:

Total Volume of Reconstituted red cells ordered (include any prime volume): _____

Requested hematocrit of final product: _____

NOTE: A hematocrit > 50% must be approved by a CBC physician after consultation with the ordering physician.

SECTION D:

Form Completed By: _____ Date: _____

Date and Time Faxed to Reference Laboratory (937-461-2738): _____

Date and Time Order verbally given to Reference Laboratory: _____

Reference Laboratory Technologist receiving verbal order: _____

Instructions for completion of REF-220-F-01:

- A. All sections are to be completed by the requesting facility.
- B. List any antigens for which the red cells must be confirmed as negative for. Also record any additional requirements for the product in the box required.
- C. The total volume of requested reconstituted red cells must be recorded in Section C; any PRIMING volume required must be included in this total.
- D. Section D must be completed as follows:
 - 1. The hospital technologist completing REF-220-F-01 must sign or initial on the line next to “Form Completed By:” and date on the line next to “Date:”
 - 2. The technologist completing the form must record the date and time the form was faxed to the Reference Laboratory.
 - 3. The technologist must also record the date and time the order was verbally called to the Reference Laboratory and the name of the Reference Laboratory technologist who they gave the verbal order to.

Applies To:	REF, Hospital Transfusion Services
Review/Approval Requirements:	Reference Laboratory Supervisor, Q/RA, Medical Director

Document Series Link -

REVISION TRACKING			
Rev #	Explanation of Changes <i>(include what changed including reason, when applicable)</i>	Change Initiated By	Implementation Date
Rev 00	New form	N. Lang	7-15-11