

BLOOD INVENTORY REQUEST / COMPLETED FORM

FLORIDA'S BLOOD CENTERS SITE: _____

FAX NUMBER: _____

Hospital: _____

Tech: _____

Date: _____

Leukoreduced RBC	O POS	O NEG	A POS	A NEG	B POS	B NEG	AB POS	AB NEG
Available								
Requested								
Shipped / Update								
Special Requests (CMV Neg, Irradiated, etc.)								
FP24	O		A		B		AB	
Requested								
Shipped / Update								
CRYO			If Type Specific O	If Type specific A		If type Specific B / AB		
Pooled Requested								
Single Requested								
Shipped / Update								
PLACR	O		A		B		AB	
Requested								
Shipped / Update								
Platelets (Pheresis or Pooled)				Total Available:				
	Platelets, Apheresis	Platelets, Pre-pooled		Random Platelets	Special Requests (Irradiated, CMV Neg, etc.)			
Available								
Requested								
Shipped								
Platelet Products available in Hospital Inventory								
Unit Number	Expiration Date			Unit Number	Expiration Date			

Additional Requests/Comments:

 FBC personnel completing order: _____ Date: _____

Confirmed via _____ Fax Number: _____ Phone Number: _____

