



Westchester Medical Center

Westchester Medical Center Health Network



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Order for Blood Products

WESTCHESTER MEDICAL CENTER

Clinical Laboratory

Valhalla, NY 10595

Order for Blood Products

Date & Time of Order _____

Requested by _____ IVID Beeper _____

Date & Time Product Needed _____

STAT Urgent Routine Next a.m. OR/OPD

Indication for Transfusion _____ OR_Y/N Active Bleeding_Y/N

Pre Procedure (Invasive) _____ (write proc.)

Lab Values (must be supplied)_Hb/Hct _____ PT/APTT _____

Plt. Count _____ Fibrinogen _____

Order one tVpe product per form: No. of Units _____ Specialized Product Required Check - Yes No

Packed Red Cells Cryoprecipitate If Yes, Irradiated Leukodepleted

FFP Granulocytes CMV Negative HbS Negative

Platelets RhoIG Washed Product HLA/XM Platelets

Other _____

ADDRESSOGRAPH- IF NO PLATE, PRINT PATIENT'S NAME, CHART NO., SEX AND ROOM

BLOOD BANK USE ONLY

Patient: Group & RH Unit#	COMP	GP & RH	COMPAT	Acc #	TECH	DATE ISSUED	UNIT#	COMP	GP & RH	COMPAT	TECH	DATE ISSUED

BLOOD BANK COPY