



# Request for Special Types of Red Blood Cells

Use this form to request components with special requirements with no patient specimen submitted.  
For orders where a patient specimen will be sent, see **HPM.1.2, Request Immunohematology Services.**  
For stock orders, use the [Daily Blood Inventory/Order Report](#) form.

## Referral Information

Contact Name:	Phone:	Fax:
Hospital/Facility:	City/State:	
Date/Time Requested:	Date/Time Needed:	

Urgency:  STAT  ROUTINE/ASAP  
(For STAT requests additional fees apply)

## Patient Information/History (or apply addressograph)

Patient Name: _____ Last First Middle Initial		
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Patient ABO/Rh:	Current Hgb/Hct:
DOB:	Known Antibodies: <input type="checkbox"/> No <input type="checkbox"/> Yes; specify:	
Patient ID or MR#:	Ordering Physician:	
Race:	Physician Contact Number:	
Reason for Special Request/Diagnosis (attach additional documentation if necessary):		

## Special Request(s)

Number of units needed: _____
<input type="checkbox"/> Sickle Cell Negative <input type="checkbox"/> Irradiated <input type="checkbox"/> Pediatric Units/Aliquots <input type="checkbox"/> Leukoreduced (CMV safe)
<input type="checkbox"/> Washed ( <i>LifeSouth Medical Director approval required</i> ) <input type="checkbox"/> Reconstituted; Hematocrit: _____ % ( $\pm$ 5%) <i>LifeSouth approval of washing:</i> _____    Total Volume: _____ mL
Approved By/Date: _____ <input type="checkbox"/> Red Blood Cells $\leq$ _____ days old <input type="checkbox"/> CMV negative
<input type="checkbox"/> Confirmed Serologically <input type="checkbox"/> Historically Negative (antigens to be confirmed at your facility) <input type="checkbox"/> N/A
Circle Negative Antigens: C E K c e Jk <sup>a</sup> Jk <sup>b</sup> Fy <sup>a</sup> Fy <sup>b</sup> M N S s Le <sup>a</sup> Le <sup>b</sup>
Other: _____

For Laboratory Use Only	Shipping Ticket #
Testing performed by: <input type="checkbox"/> GA-IRL <input type="checkbox"/> FL-IRL	
Patient History/Comments:	
Time sample received in IRL:	
Previous record check performed by: _____ Date: _____	
Reviewed by: _____ Date: _____	