

CTS-5030: MIPLATE PLT Order Form

General Instructions:

- Transfusion Services/Designee will complete Sections A, B, C, D and E.

Note: Person completing sections D and E must be unblinded to patient treatment assignment.

Section A – Recipient Information	
Study Subject ID #	After Section E completed & form faxed Place Patient Accession Label Here
#: _____	

Section B – PLT Component Information (To be filled out by Hospital Ordering Staff)	
Blood Type	<input type="checkbox"/> O + <input type="checkbox"/> A + <input type="checkbox"/> B + <input type="checkbox"/> AB + <input type="checkbox"/> O - <input type="checkbox"/> A - <input type="checkbox"/> B - <input type="checkbox"/> AB -
Other Requirements	
Non ABO/Rh Type-Specific Acceptable if ABO/Rh identical is unavailable?	<input type="checkbox"/> YES <i>ABO/Rh Compatible is acceptable</i> <input type="checkbox"/> NO <i>will only accept ABO/RH identical</i>

Section C – PLT Transfusion Information			
Expected Transfusion Date		# Units required	

Section D – Treatment Arm Verification	
Verify & mark the box associated with patient treatment assignment	<input type="checkbox"/> Non-Pathogen Reduced PLTs – fill PLT order from Shands existing inventory <input type="checkbox"/> Mirasol Pathogen Reduced PLTs – complete section E and fax form to LifeSouth Distribution (Fax#: 352-334-1064)

Section E – Shipping Information			
Hospital to be shipped to	UF Health Shands Hospital Transfusion Services/Blood Bank		
Contact person (for questions regarding the order)	Technical Specialist On-Call		
Phone #	352-733-0900 WP 352-260-3358 CP	Fax #	352-733-0812

Transfusion Services/Designee Signature: _____ **Date:** _____
(Wet ink or EchoSign only)



For Blood Center Use Only

Order Received by/Date: _____

List/Attach DINs
1.
2.
3.
4.
5.
6.