

CTS-5030: MIPLATE PLT Order Form

General Instructions:

- Complete all sections and send form to LifeSouth

Section A – Patient Information	
Study Subject ID #	Medical Record Number (optional)
#: _____	

Section B – Platelet Product Information				
Preferred product 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 -
Product blood types you will accept	<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				

Section C – Transfusion Information			
Expected Transfusion Date		# Units required	

Section D – Shipping Information			
Hospital to be shipped to	Boston Children's Hospital		
Hospital address for FedEx shipping	Attn: BLOOD BANK - ASAP 300 Longwood Ave. Blood Bank - Bader Building 4 th Floor Boston, MA 02115		
Contact person (for questions regarding the order)	Lorraine Mobarak or Denise Warner		
Phone #	617-355-6260	Fax #	617-730-0377

Section E – Ordering Information
Fax form to: LifeSouth Civitan Region Distribution, Gainesville, FL (Fax #: 352-334-1064)

In addition to faxing this form to LifeSouth, please call the following individuals at the blood center to place your order: Jill Evans (352) 538-1957, Holly Johnson (386-365-7559).

Transfusion Services/Designee Signature: _____ **Date:** _____

For Blood Center Use Only

Order Received by/Date: _____

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