

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				
<i>Preferred</i> 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 <i>you will accept</i>	<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	<input type="checkbox"/> Children’s Healthcare of Atlanta Scottish Rite 1001 Johnson Ferry Road Atlanta GA 30342	<input type="checkbox"/> Children’s Healthcare of Atlanta Egleston 1405 Clifton Road Atlanta GA 30322
Contact person (for questions regarding the order)	Rozic Malek	Sarah Stadele
Phone #	Office: 404.785.3950 Blood Bank: 404.785.2045	Office: 404.785.0864 Blood Bank: 404.785.6421

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.