

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 |

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: _____

(Wet ink or EchoSign only)



For Blood Center Use Only

Order Received by/Date: _____

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