LIFESOUTH Community Blood Centers — 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 (Complete section or apply addressograph. Include all available information.)

Patient Name: ______________________ (Last) ______________________ (First) __________ (Middle Initial)

Sex: ☐ **M** ☐ **F**	Patient ABO/Rh:	Current Hgb/Hct:
DOB:	Known Antibodies: ☐No ☐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: __________ *AC Type (optional):* ☐*Any* ☐*AS-1* ☐*CPDA-1* ☐*Other:* ______________

☐ Sickle Cell Negative ☐ Irradiated ☐ Pediatric Units/Aliquots ☐ Leukoreduced (CMV safe)

☐ Washed *(LifeSouth Medical Director approval required) LifeSouth approval of washing:* Approved By/Date: ____________

☐ Reconstituted; Hematocrit: ____________ % (± 5%) ☐ Red Blood Cells ≤ ________ days old

Total Volume: ____________ mL ☐ CMV negative

☐ Confirmed Serologically ☐ Historically Negative (antigens to be confirmed at your facility) ☐ N/A

Circle Negative Antigens:

C E K c e Jk^a Jk^b Fy^a Fy^b M N S s Le^a Le^b

Other: ____

For Laboratory Use Only

Testing performed by: ☐ GA-IRL ☐ FL-IRL	Accession Number:
Patient History/Comments:	☐SAU Hx ☐SAU Conf ☐Fresh ☐Leukoreduced ☐Irradiated ☐CMV- ☐# Units filled ☐HbS- ☐Vol indicated Pending # Units: ____________ Reviewed/Verified by: ____________

Time sample received in IRL:

FL-IRL: FAX COMPLETED FORM TO (352) 334-1029 • CONFIRM FAX RECEIVED AT (352) 334-1028
Atlanta Area: FAX COMPLETED FORM TO (888) 316-2381 • CONFIRM FAX RECEIVED AT (844) 329-0601
Effective: 19 Mar 2019