Clear Fields

Hospital Name: _____

Date: _____

Ph / Fax / No Order: _____

Daily Blood Inventory / Order Report

LifeSouth Community Blood Centers

Red Blood Cells									
Ideal Inventory									
Days to Expire	**Expiration Day/Month**	**O+**	**A+**	**B+**	**AB+**	**O=**	**A=**	**B=**	**AB=**
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
2-3 weeks									
3+ weeks									
		O+	**A+**	**B+**	**AB+**	**O=**	**A=**	**B=**	**AB=**
Inventory Totals		0	0	0	0	0	0	0	0
Critical Inventory									

TCP						
Days to Expire	**Expiration Day/Month**	**O**	**A**	**B**	**AB**	
1						
2						
3						
4						
		O	**A**	**B**	**AB**	**Any**
TCP Orders (CMV Any)						
TCP Orders (CMV =)						
Irradiated TCP Orders						
Acrodose Orders (CMV Any)						
Acrodose Orders (CMV =)						
Irradiated Acrodose Orders						

CRYO	Inventory	Order
O		
A		
B		
Any		

POOLED CRYO	Inventory	Order
O		
A		
B		
Any		

Pedi	Pedi Order	
O+		
O=		

FFP	Inventory	Order
O		
A		
B		
AB		

Pedi Split	Pedi Split Order	
O+		
O=		

FFP Split	FFP Split Order	
AB		

Special Notes

LIFESOUTH Community Blood Centers