



MAIN
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CHAMPIONS
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GCRBC use only;
Case #

Blood Component Request

Affix patient registration label with full name and DOB here. Must match specimen label!	Date:
	Facility Name
	RN Phone/ext., 24 hr.:
	Facility Fax:
	Patient Location: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Ordering Physician:
	Diagnosis:

Component	# Units	Lab Results		
<input type="checkbox"/> RBCs		Hgb (g/dL):	Hct (%):	<input type="checkbox"/> Pre Op
<input type="checkbox"/> Apheresis Platelets		Plt count (/uL):		
<input type="checkbox"/> Plasma		PT (sec):	INR:	PTT (sec):
<input type="checkbox"/> Cryoprecipitate		Fibrinogen (mg/dL):		
<input type="checkbox"/> Type and screen only				
Special needs: <input type="checkbox"/> Auto/designated donors <input type="checkbox"/> Irradiated <input type="checkbox"/> CMV neg <input type="checkbox"/> Sickle cell neg <input type="checkbox"/> Other, specify				
For Extended Crossmatch Only: The patient/legal representative affirms that he/she has not been transfused or pregnant within the past three months. <input type="checkbox"/> Yes <input type="checkbox"/> No				RN verifying history:
Delivery Date:	Time:	a.m. p.m.	Special Delivery Instructions:	<input type="checkbox"/> Hold

Specimen Requirements	Purple-top tube(s) (one 9-10 mL or two 5-7 mL tubes). Label tube(s) with: <ul style="list-style-type: none"> • Patient's full name; • Date of birth (DOB); • Date/time collected; • Initials of phlebotomist. <i>Incorrect, illegible, or discrepant samples and forms will be rejected.</i>	<i>I certify that the patient's name and identifiers are identical on the patient's wristband, the sample label, and the request form.</i>
		Phlebotomist's signature, date, time
		2 nd person verifying data: signature, date, time

GCRBC Use Only: ST-Tx Patient ID _____ ST-TX Order _____