UCSF Benioff Children's Hospital Oakland
744 52nd Street
Oakland, CA 94609
Laboratory Director: Andrew Jones, MD
Blood Bank: (510) 428-3528

Blood Bank Testing & Product Requisition

Place patient label here, or write Name, DOB, & MRN

_____ Patient Location _____ Patient Sex _____ Diagnosis (ICD-10)

Urgency: ☐ **Emergency Order** ☐ Routine Order: _____
Expected transfusion date and time

MTP

☐ Activate Massive Transfusion Protocol Patient weight: _____ kg

Provider must sign MTP order at the bottom of this page.

Blood Bank Testing Order

☐ Type and Screen [LAB276]
☐ RBC phenotype / genotype [LAB3691]
☐ Direct Antiglobulin Test (DAT) [LAB3650]
☐ Transfusion reaction [LAB3661]
☐ Hives / itching ☐ Other reaction
☐ Additional sample [LAB4389]
☐ Other:

Sample source:
☐ Blood (venous or arterial)
☐ Blood, other:

3 mL or 6 mL EDTA tube required.
Additional sample may be required.
Phlebotomist identifier and date & time of collection must be on tube.

☐ Blood type confirmation [LAB3637]

_____
Phlebotomist / RN name

_____
Phlebotomist / RN signature

_____
Collection Date & Time

Sample source:
☐ Blood (venous or arterial)
☐ Blood, other:

3 mL or 6 mL EDTA tube (or microtainer for patients < 10kg) required.
Phlebotomist identifier and date & time of collection must be on tube.
Independent patient identification and sample collected required.

_____ *Ordering provider name* _____ *Ordering provider signature* _____ *Order Date & Time*

_____ *Phlebotomist / RN name* _____ *Phlebotomist / RN signature* _____ *Collection Date & Time*

Blood Products Order

RBC _____ ☐ Unit(s) ☐ mL
Plasma _____ ☐ Unit(s) ☐ mL
Platelet _____ ☐ Unit(s) ☐ mL
Cryo _____ ☐ Unit(s) ☐ Pools
Other (specify) _____ ☐ Unit(s) ☐ mL

☐ Irradiated*
☐ CMV negative*
☐ Saline washed†
☐ Sickle negative‡
☐ Volume reduced§
☐ Phenotype matched‡
☐ HLA-selected§
☐ Other:

Special requirement indication:

Indication for transfusion:

Contact number & name for Blood Bank staff to call when products are ready:

_____ *Ordering provider name* _____ *Ordering provider signature* _____ *Date & Time*

** RBC, platelet, liquid plasma* *† RBC, platelet* *‡ RBC* *§ Platelet*