



HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA

REQUEST FOR BLOOD PRODUCTS

SEND TO: Blood Bank- 3 Ravdin Courtyard Tube 05/55
FOR EXSANGUINATION OR
UNCROSSMATCHED BLOOD.
PLEASE CALL THE BLOOD BANK (EXT. 3448)

PATIENT IDENTIFICATION LABEL

Instructions:

- Ensure that "Consent for Transfusion of Blood and Blood Products" is signed.
- Use for one order only, may specify multiple products
- This form is for order and release of blood products
- Indicate if Autologous or Directed Donor Units have been collected _____ Yes _____ No

1. _____ # of units Red Blood Cells for adults Current Hemoglobin _____
If a type and screen has not been done in 3 days, a type and screen must be ordered
2. _____ # of doses of Platelets for Adult Current Platelet Count _____
One Dose = 1 unit of Apheresis Platelets or 4 Pooled Random Platelets
3. _____ # of units Cryoprecipitate (Source of fibrinogen, VIII and von Willebrand factor). A single unit of
Cryoprecipitate should raise Fibrinogen 5mg/dL Current Fibrinogen level _____
4. _____ # of units Fresh Frozen Plasma for Adult Current PT/PTT _____
(Transfuse to correct hemostatic defect, generally 10 ml/Kg initial dose)
5. _____ ml of Red Blood Cells for Infant
_____ ml of Reconstituted Whole Blood with Hematocrit _____
6. _____ ml of Platelets for Infant
7. _____ ml Fresh Frozen Plasma for Infant
8. _____ # of units Rh Immune Globulin
Approximate weeks gestation _____
9. _____ Other Products
For granulocytes, HLA matched platelets, first-time requests for CMV negative, irradiated or leukocyte depleted products, contact the
Blood Bank physician: Pager 215-827-9109 (M-F 8 a.m. – 5 p.m.), 215-306-0286 (other times)

Requesting Physician (signature) Name (please print) Contact info Date / _____ AM/PM
Time

Service _____

REQUEST FOR RELEASE OF BLOOD PRODUCTS ORDERED ABOVE

Instructions: Complete patient assessment prior to requesting release of products (pre-medications, acceptable vital signs, venous access).
Complete 1st product required, please resend for each additional product when needed.

1 st Product requested _____	_____ Signature of Requesting RN	_____ Extension	_____ Date	_____ Time	_____ AM/PM
2 nd Product requested _____	_____ Signature of Requesting RN	_____ Extension	_____ Date	_____ Time	_____ AM/PM
3 rd Product requested _____	_____ Signature of Requesting RN	_____ Extension	_____ Date	_____ Time	_____ AM/PM
4 th Product requested _____	_____ Signature of Requesting RN	_____ Extension	_____ Date	_____ Time	_____ AM/PM