



**Downtime / Manual
BLOOD PRODUCT PICK UP SLIP**

*Transfusion Medicine
NYP Brooklyn Methodist Hospital
506 6TH Street 2nd Floor Room 2008
Brooklyn, NY 11215*

Date: ____ / ____ / ____ Time: ____ AM/PM

Patient Name: _____

Location/Telephone #: _____ / _____
Tube Station #: _____ (Required)

MRN: _____

Account Number: _____

Product Requested:
 Red Blood Cells # _____ units/mL (Circle one)
 Plasma # _____ units/mL (Circle one)
 Platelets # _____ units/mL (Circle one)
 Cryoprecipitate # _____ Pool (5 units)/mL (Circle one)
 Granulocytes # _____ Units/mL (Circle one)

Other Requested:
 Fibrinogen Concentrate: _____ Vials (1000mg/vial)
 RhIG-IV # _____ International Units
 RhIG-IM # _____ Vial (s)

***** **Blood Bank Use Only** *****
Product /Derivative Released To:

Date: ____ / ____ / ____

Time: ____ AM/PM

BB Technologist Issuing: _____