

IRL Request for Antigen Negative Red Blood Cells

Phone Calls to: 619.400.8257

Fax Orders to: 619.725.3017 or 800.454.8568

Requesting Facility ID _____ Requesting Tech _____

Patient Name _____ Medical Record # _____

Request Priority: STAT Routine

Date / Time Needed: _____

ABO/Rh	O Rh+	A Rh+	B Rh+	AB Rh+	O Rh-	A Rh-	B Rh-	AB Rh-
# of Units Requested								

Requested Negative for the below Antigens

<input type="checkbox"/> C	<input type="checkbox"/> E	<input type="checkbox"/> c̄	<input type="checkbox"/> e	Other (Please list):
<input type="checkbox"/> K	<input type="checkbox"/> Fy ^a	<input type="checkbox"/> Fy ^b	<input type="checkbox"/> Jk ^a	
<input type="checkbox"/> Jk ^b	<input type="checkbox"/> S	<input type="checkbox"/> s̄	<input type="checkbox"/> HgbS	

Any Additional Requirements or Special Instructions?

Irradiated CMV negative Other: _____

Request Called to: _____ Date / Time: _____

Bottom Section: SDBB Use Only

<i>place DIN here</i>	<i>place DIN here</i>	<i>place DIN here</i>
<i>place DIN here</i>	<i>place DIN here</i>	<i>place DIN here</i>

Comments
