



Center Information:

Special Order Worksheet

Patient Name _____ Date _____

Institution Name _____ Phone _____

DIN	Center	Status WIP/INV	ABO/Rh	Exp. Date	RBC PR SCR	RBC SCR	PLP XM	PLP HLA/HPA	PLP HD

EC/Date _____

RBC PR SCR = RBC antigen non-confirmed (historical)
RBC SCR = RBC antigen confirmed
PLP XM = Crossmatched platelet

PLP HLA/HPA = HLA or HPA matched/compatible platelet
PLP HD = Historic donor platelet