Center Information: Inland Northwest Blood Center

Subcenter: Inland Northwest Blood Center
210 W. Cataldo Ave.
Spokane, WA 99201

Transfusion Services Order

Patient Information

Last Name ______ First Name ______ MI ______

Date of Birth ______ Gender ☐ M ☐ F

Facility Patient ID # ______ Race ______

Transfused or pregnant within last 3 months?
☐ No ☐ Yes
If yes, date ______
☐ NA ☐ Unknown

Diagnosis ______

Medications ______

Ordering Physician ______

Ordering/Transfusion Facility ______

Facility Address ______

Facility Phone ______

Specimen Requirements: 7 mL Purple Top (EDTA)
No Red Top Serum Separator

Specimen Collection Date/Time ______

Phlebotomist ID ______

Received by TS

Testing Requested

- ☐ Type and Crossmatch
- ☐ Type and Screen
- ☐ Blood Type
- ☐ DAT
- ☐ Draw and Hold
- ☐ RhIG Evaluation
- ☐ Additional Crossmatched Units
- ☐ Antibody ID
- ☐ Titer
- ☐ Antibody Screen
- ☐ Other ______

Component And Quantity Requested

- ______ Leukoreduced RBC
- ______ Pediatric Leukoreduced RBC (volume needed ______)
- ______ Apheresis Platelet(s)
- ______ Plasma (volume needed ______)
- ______ Cryoprecipitated, AHF
- ______ Pediatric Platelet (volume needed ______)
- ______ Other (specify) ______

Special Instructions

- ☐ Irradiated
- ☐ Washed*
- ☐ CMV Negative
- ☐ Specific Hct*
- ☐ Volume Reduced
- ☐ Autologous
- ☐ HLA Matched
- ☐ Directed
- ☐ Sickle Cell Negative

*Consult with Transfusion Service for Availability

Order Status

- ☐ STAT
- ☐ ASAP
- ☐ Routine

Date/Time needed ______

BBID Sticker

Pretransfusion Criteria (Indicate all that apply)

RED BLOOD CELLS

Current Hgb or HCT ______

- ☐ Pre-Surgery (anemia)
- ☐ Hemoglobin ($\leq$ 7 g/dL or Hematocrit $\leq$ 24%)
- ☐ Symptomatic anemia
- ☐ Active bleeding/Acute blood loss
- ☐ Other (specify) ______

PLATELETS

Current Platelet Count ______

- ☐ Platelet count of 20,000/uL or less (outpatient)
- ☐ Platelet count of 10,000/uL or less (inpatient)
- ☐ Platelet count of < 50,000/uL, bleeding or surgery in < 24 hours
- ☐ Platelet dysfunction and bleeding/ planned surgery
- ☐ Platelet count < 50,000 uL after RBC transfusion due to blood loss
- ☐ Other (specify) ______

PLASMA

PT ______ PTT ______ INR ______

- ☐ Patient bleeding or preoperative with an INR > 2.0 or PT/PTT > 1.5
- ☐ Coag Factor deficiencies planned/ surgery
- ☐ Rapid reversal of Warfarin effect
- ☐ TTP
- ☐ Other (specify) ______

CRYOPRECIPITATED, AHF

Fibrinogen Level ______

- ☐ Diffuse microvascular bleeding and fibrinogen < 100 mg/dL
- ☐ Hemostasis required (Other therapies not available or working)
- ☐ Massive transfusion
- ☐ Fibrin glue

HCLL Accession #

eTS 003 (Rev. 7)
SVC010

These pretransfusion criteria are based on current evidence-based medical guidelines. Transfusion outside of these parameters is at the discretion of the ordering physician and should be based on the patient's clinical signs and symptoms. Medical Director consultation is available upon request.