



Laboratory Services Transfusion Requisition

Conf. _____

Please be prepared to show photo ID

Date to be done: _____

↓↓ All Asterisk (*) fields are required (please print). Complete ALL fields for specimen drop-offs ↓↓

Patient Full Name*		DOB*	Sex (Circle)*	SSN or MRN (Circle)
Last	First	MI	M / D / Y Y Y Y	M F
Practice Name and Location*		Patient Address		Collected By: Name _____ Date _____ Time _____
Ordered By (Printed)* Assumes responsibility for tests ordered		Add'l copy to: (Physician Full Name) does not remove ordering physician responsibility or guarantee receipt of results		Attach Insurance Info
Last	First	MI	Last	
Physician Signature*		Diagnosis Codes must be provided*		

Blood Bank Routine Orders

<input type="checkbox"/> Antibody screen;	<input type="checkbox"/> Type & Rh	ABORH	<input type="checkbox"/> Type and Screen	TNS	<input type="checkbox"/> Blood Bank Tube to Hold	BB HOLD
<input type="checkbox"/> ABID if scrn pos. Titer if applicable	ABSC	<input type="checkbox"/> Direct Antiglobulin (Direct Coombs)	DAT.			

Blood Products (Check product type and complete reason and requirements below)

ONE UNIT PACKED RED BLOOD CELL TXN (Leukoreduced)

(Complete Risk Factors, Special Requirements & Indication below
For >1 unit, call blood bank: 851-2510)

Risk Factors (select all that apply):

- CHF COPD Renal insufficiency Chronic Anemia Prior Volume Overload < 60 Kg
(Risk factors require transfusion over 3 hours)

Special Requirements (select all that apply):

- None Irradiated Washed
 Split: volume _____ mL Aliquot: volume _____ mL

Indication (select all that apply):

- Pre-Op: Surgical Date: _____
- Acute blood loss with:
- Blood loss > 2000 ml or >40% blood volume
 - Blood loss > 1500 ml or >30% blood volume AND inadequate response to crystalloid solution, experiencing at least one of the following:
 - Systolic BP < 90 Oliguria or anuria
 - Tachycardia > 120 bpm Tachypnea > 30-40 bpm
 - Delayed capillary refill, cold/pale skin Diaphoresis
 - Acutely decreased systolic or diastolic blood pressure >30 mmHg
 - Acute mental status changes: anxiety, confusion, lethargy
 - Pre-transfusion Hgb < 8.0 g/dL or Hct <24%
 - Trauma pt with Hgb<10g/dL or Hct <30% during acute resuscitation
 - Traumatic Brain Injury patient with Hgb<10g.dL or Hct<30%
- Chronic Anemia with:
- Hgb <7 g/dL or Hct < 21%
 - Hgb <8 g/dL or Hct <24% AND coronary artery, pulmonary, peripheral vascular or cerebrovascular disease
 - Hgb <10 g/dL or Hct <30% and
 - Symptomatic chronic anemia AND active bleeding or bleeding tendency
 - Symptomatic chronic anemia AND coronary artery, pulmonary, peripheral vascular or cerebrovascular disease
- AMI/Cardiac Ischemia with Hgb <10 g/dL or Hct <30% during acute resuscitation phase
- Manual or apheresis red blood cell exchange transfusion

PLATELET TRANSFUSION (Leukoreduced)

(Number of units, Special Requirements and Indication must be completed)

Transfuse _____ units Platelets (leukoreduced)

Special Requirements (select all that apply):

- None Irradiated Washed
 Crossmatched HLA matched

Indication (select all that apply):

- Pre-Op: Surgical Date: _____
- Pre-transfusion platelet count <100,000/μL patient with:
- Acute central nervous system bleeding
 - Pulmonary hemorrhage
 - Planned ophthalmic or neurosurgical procedures
 - Hemorrhage into the eye
- Pre-transfusion platelet count < 75,000/μL with:
- Prolonged cardiopulmonary bypass times
 - Reoperation of cardiopulmonary patients
 - Continued post-cardiovascular surgery bleeding in patients recently treated with a platelet inhibitor such as clopidogrel
- Pre-transfusion platelet count < 50,000/μL with:
- Diffuse bleeding Planned invasive procedure
- Prophylactic dosing for:
- Stable patients with a pretransfusion platelet count<10,000/μL
 - Patients with platelet count <20,000/μL and fever, sepsis, hypersplenism, coincident coagulopathy, or anatomic lesion predisposing them to bleeding
- Massive transfusion (>10 RBC's)
- Massive hemorrhage and/or extensive vascular injury.
- Bleeding in patients with congenital or acquired platelet dysfunction.

Order Comment:



Laboratory Services Transfusion Requisition

Blood Products (Check product type and complete reason and requirements below)

PLASMA TRANSFUSION
 (Number, Special Requirements and Indication must be completed)
 Transfuse _____ Plasma
Special Requirements (select all that apply):

FFP Cryo-Reduced
 Jumbo (exchange transfusion only)
 Aliquot: volume _____ mL

Indication (select all that apply):

Bleeding (including intracranial or intraocular hemorrhage) AND multiple coagulation deficiencies.

Massive transfusion (≥ 10 RBC units)

Prophylactic (pre-procedural) administration, given such that transfusion is completed within 1 hour of the procedure, when pre-transfusion PT>16, PTT>60, INR \geq 2.0.

Emergency warfarin reversal in a bleeding patient or patient requiring urgent procedure/surgery.

Rare indications, when clinically indicated:
 Isolated elevated PTT due to isolated Factor XI deficiency.
 Factor assay demonstrating factor deficiency: (Factors II, V, X, XI)
 Plasmapheresis/Treatment of thrombotic thrombocytopenic purpura (TTP) or hemolytic uremic syndrome (HUS).
 Replacement of other coagulation regulatory proteins: _____

Order Comment:

CRYOPRECIPITATE TRANSFUSION
 (Number of units and Indication must be completed)
 Transfuse _____ units Cryoprecipitate
Indication (select all that apply):

Fibrinogen deficiency:
 Pre-transfusion fibrinogen level <120 mg/dL
 Pre-transfusion fibrinogen level <150 mg/dL with Continued massive bleeding, or DIC

Documented Factor XIII deficiency

To augment platelet function in bleeding uremic patients who are *non-responsive to pharmacotherapy (desmopressin) and dialysis*

Order Comment:

Outpatient Collection Centers

Center	Address	Hours of Operation: All Locations Closed Sundays & Holidays
Apple Hill Lab	25 Monument Rd., Suite 198, York	Monday – Friday 6:00 a.m. – 6:00 p.m, Saturday 7:00 a.m. – 11:00 a.m.
East Berlin	105 Fourth St., East Berlin	Monday – Friday 6:00 a.m. – 12:00 p.m. Closed Saturday
Dover	4020 Carlisle Rd., Dover	Monday, Tuesday, Thursday Friday 6:00 a.m. – 2:00 p.m. Wednesday 6:00 a.m. – 6:00 p.m.; Closed Saturday
Hanover	Northpointe Plaza, 1150 Carlisle St Hanover	Monday, Tuesday, Wednesday, Friday 6:00 a.m. – 1:00 p.m. Thursday 6:00 a.m. – 6:00 p.m.; Saturday 7:00 – 11:00 a.m.
Hayshire	2775 North George St., York	Monday, Tuesday, Wednesday, Friday 6:00 a.m. – 2:00 p.m. Thursday 6:00 a.m. – 6:00 p.m. Saturday 7:00 a.m. – 11:00 a.m.
Queensgate	Queensgate Shopping Center, York	Monday – Friday 6:00 a.m. – 2:00 p.m. Closed Saturday
Stonebridge	13515 Wolfe Rd., New Freedom	Monday, Wednesday, Thursday, Friday 6:00 a.m. – 2:00 p.m. Tuesday 6 a.m. – 6:00 p.m.; Saturday 7:00 – 11:00 a.m.
Stony Brook	4222 Lincoln Highway, York	Monday, Tuesday, Thursday, Friday 6:00 a.m. – 2:00 p.m. Wednesday 6 a.m. – 6 p.m.; Saturday 7:00 – 11:00 a.m.
Valley Green	1790 Old Trail Road, Suite E, Etters	Monday – Friday 6:00 a.m. – 1:00 p.m.; Closed Saturday
Westgate	Westgate Plaza, 1550 Kenneth Rd, York	Monday, Tuesday 6:00 a.m. – 6:00 p.m.; Wednesday, Thursday, Friday, 6:00 a.m. – 2:00 p.m.; Saturday 7:00 a.m. – 11:00 a.m.
Windsor	3065 Windsor Rd, Red Lion	Monday, Thursday 6:00 a.m. – 6:00 p.m. Tuesday, Wednesday, Friday 6:00 a.m. – 2:00 p.m.; Saturday 7:00 – 11:00 a.m.
York Hospital	1001 S George St, York	Monday – Friday 7:30 a.m. – 4:00 p.m.; Closed Saturday