

Doc No: ARC-DOC-026305	Subdiv: 16 – IRL	Doc Level: 4 - Tool or Supporting Document	ARC Version: 1.9
Level 4 Subtype: Business Form	Training Subtype: N/A	Mang Fac: BHQ	

American Red Cross Biomedical Services  
Washington, DC 20006

**Business Form: Donor-Request for Special Blood**

**Fax or e-mail to:**

**Information Provided by the Requesting Facility (SEE PAGES 2 OR 3 FOR MULTIPLE ORDERS)**

<b>Facility:</b>	<b>Phone:</b>	<b>When needed</b> (✓ box that applies): <input type="checkbox"/> Date/Time: _____ <input type="checkbox"/> STAT <input type="checkbox"/> Life threatening ( <i>must call Reference Lab</i> )	<b>Comments/detail how units should be shipped:</b>
	<b>Fax:</b>		
<b>Account number:</b>	<b>Contact person/date/time of request:</b>		
<b>Patient Name:</b>	<b>ABO/Rh:</b>	Fill in # needed: _____RBC ___PLASMA ___PLATELET Other:	
<b>Special requirements</b> (Circle all that apply).	<b>HgbS –</b>	<b>CMV–</b>	<b>Irradiated</b>
	<b>Washed</b>	<b>Type Specific</b>	<b>Other:</b>

**Antigen Negative for: (Circle all that apply)**

<b>C</b>	<b>c</b>	<b>E</b>	<b>e</b>	<b>K</b>	<b>k</b>	<b>Fy<sup>a</sup></b>	<b>Fy<sup>b</sup></b>	<b>JK<sup>a</sup></b>	<b>JK<sup>b</sup></b>	<b>M</b>	<b>N</b>	<b>S</b>	<b>s</b>	<b>Le<sup>a</sup></b>	<b>Le<sup>b</sup></b>	<b>Other:</b>
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**To Be Completed By the American Red Cross**

<b>Order receipt date:</b>	<b>Time:</b>	<b>Received By</b> (initials):	<b>Comments</b> (date/initial comments)													
<b>ABO/Rh (indicate #)</b>	____O+	____A+	____B+	____AB+	____O–	____A–	____B–	____AB–	<b>Modifiers</b> (Circle all that apply): CMV IgA EMP IRRQ Others:							
<b>Service fees</b> (Circle all that apply, add others as needed)	A4I (1Ag)	B4I (2Ag)	C4I (3Ag)	D4I (4Ag)	E4I (5Ag)	F4I (6Ag)	G4I (7Ag)	H4I (8Ag)								
	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____		
	I4I (9Ag)	F5I (Pheno)	B6I (HgbS-)	C6I (CMVN)	X5I (IGAD)	A5I (ARDP)	D5I (Search)	C5I (Import)								
	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____		

**DIN/WBN Sent**

<b>Hospital Services Order #</b>	<b>Filed by:</b>	<b>Shipment #</b>
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Washington, DC 20006

**Business Form: Donor-Request for Special Blood**

**Request for Leukoreduced RBCs for Chronically Transfused Patients—by inventory need**

<b>Fax or e-mail to:</b>										
<b>Facility:</b>			<b>Phone:</b>				<b>Date needed</b> Units to be transfused during the week beginning Monday:		<b>Comments/detail how units should be shipped:</b>	
			<b>Fax:</b>							
<b>Account number:</b>			<b>Contact person/date/time of request:</b>							
<b>Special Inventory Needs</b>	<b>O</b>		<b>A</b>		<b>B</b>		<b>AB</b>		<b>Comments/Special Requirements</b>	
	<b>D+</b>	<b>D-</b>	<b>D+</b>	<b>D-</b>	<b>D+</b>	<b>D-</b>	<b>D+</b>	<b>D-</b>	<b>Refer to Special requirements, page 1</b>	
<b>C-, E-, K-</b>										
<b>C-, K-</b>										
<b>E-, K-</b>										
<b>E-, c-, K-</b>										
<b>C-, e-, K-</b>										
<b>c-, K-</b>										

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**Business Form: Donor-Request for Special Blood**

**Request for Leukoreduced RBCs for Chronically Transfused Patients—by day of week**

<b>Fax or e-mail to:</b>						
<b>Facility:</b>		<b>Phone:</b>	<b>Fax:</b>		<b>Comments/detail how units should be shipped:</b>	
<b>Account number:</b>		<b>Contact person/date/time of request:</b>				
<b>Date:</b>						
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Additional Units</b>
	<b># Units/AGS</b>	<b># Units/AGS</b>	<b># Units/AGS</b>	<b># Units/AGS</b>	<b># Units/AGS</b>	<b>Negative for C E K</b>
A Pos						
A Neg						
O Pos						
O Neg						
B Pos						
B Neg						
AB Pos						
AB Neg						