



Blood Bank of Hawaii

BLOOD PRODUCT ORDER FORM

Customer/Hospital:	Ordered by:
Delivery: Need by date/time: _____ / _____ <input type="checkbox"/> Routine (< 8 hrs) <input type="checkbox"/> ASAP (< 4 hrs) <input type="checkbox"/> STAT (< 1 hr)	Order Date:

Service Options	Component	O+	O-	A+	A-	B+	B-	AB+	AB-
<input type="checkbox"/> EXTRA BAG	LR RBC								
<input type="checkbox"/> PEDI PACK	LR RBC CMV-								
*Note for platelets, please indicate if type specific is needed in the comments	Platelets								
	Platelets CMV-								
	FP24								
	Pooled Cryo								
	Cryoprecipitate								
	Pedi FFP								

Comments

BBH Phone: 808-848-4701

BBH FAX: 808-848-4768

BBH Use Only	
Received	
Order #	