



# Blood Bank of Hawaii

## SPECIAL PRODUCT ORDER FORM

Customer/Hospital		Ordered by	
Delivery      Need by date/time: _____ / _____		Order Date	
<input type="checkbox"/> Routine (< 8 hrs) <input type="checkbox"/> ASAP (< 4 hrs) <input type="checkbox"/> STAT (< 1 hr)			
Patient Name		Date of Birth	ABO/Rh
Diagnosis	Clinical Status Patient bleeding <input type="checkbox"/> Yes <input type="checkbox"/> No Surgery or planned procedure <input type="checkbox"/> Yes <input type="checkbox"/> No		Lab Results Hemoglobin _____ Platelet Count _____
<b>RBCs</b> # Units _____ ABO/Rh _____	Antigen Negative <input type="checkbox"/> Historical <input type="checkbox"/> Confirmed Negative for (circle): <b>C</b> <b>c</b> <b>E</b> <b>e</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>S</b> <b>s</b> Other: _____		<input type="checkbox"/> CMV negative <input type="checkbox"/> Irradiated <input type="checkbox"/> Washed <input type="checkbox"/> Extra Bag <input type="checkbox"/> Pedi Pack
<b>Platelets</b> # Units _____ ABO/Rh _____	HLA matched Patient Phenotype Needed <input type="checkbox"/> Yes <input type="checkbox"/> No Patient Phenotype Attached <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency of transfusions _____		<input type="checkbox"/> CMV negative <input type="checkbox"/> Irradiated <input type="checkbox"/> Washed <input type="checkbox"/> Extra Bag <input type="checkbox"/> Pedi Pack
<b>COVID-19 Convalescent Plasma</b> # Units _____ ABO/Rh _____		Hospital Participation ID # _____	
		BBH Lab Use Only	
		Rec'd	
		Order #	
Comments			
_____ _____			
<b>BBH Phone: 808-848-4700      BBH FAX: 808-848-4768</b>			