

# Ordering HLA Compatible Apheresis Platelets

Fill out the information on this form and FAX it to (808) 848-4768.  
Please call Distribution before Faxing.

Ordering Facility: \_\_\_\_\_ Date: \_\_\_\_\_

1. Patient Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ ID number: \_\_\_\_\_

2. Weight in kilograms: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

3. HLA Type/PRA: \_\_\_\_\_

4. Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Hospital Name: \_\_\_\_\_

Patient's Hospital Number: \_\_\_\_\_

6. Start Date Requested: \_\_\_\_\_

Anticipated Support Needs: \_\_\_\_\_

7. Pre and One Hour Post-Transfusion Platelet Counts for the last two random platelet transfusions and dates of those transfusions:

\_\_\_\_\_  
\_\_\_\_\_

8. Does the patient currently have splenomegaly? YES NO

9. Anticipated frequency and length of support: \_\_\_\_\_

10. When the patient was first transfused? \_\_\_\_\_

11. Date of the patient's last chemotherapy: \_\_\_\_\_

12. Has the patient experienced any previous difficulty with platelet support during prior thrombocytopenia?

\_\_\_\_\_  
\_\_\_\_\_

13. Is the patient having trouble with bleeding with the current platelet support:

\_\_\_\_\_  
\_\_\_\_\_

14. (WOMEN ONLY) Has the patient ever been pregnant? YES NO

15. Is the patient receiving family donor support? YES NO

If yes: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If not, are there family members available for support? YES NO

16. Has or will the patient receive a bone marrow, stem cell or cord blood transplant?

If yes: Date: \_\_\_\_\_ Type: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Pre: \_\_\_\_\_ Post: \_\_\_\_\_

17. What is the patient's current CMV status? \_\_\_\_\_

18. Are CMV negative donors required? YES NO

**19. All HLA matched platelets must be irradiated prior to transfusion!**

Blood Bank of Hawaii Medical Director Review/Approval:

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_