

Antigen Negative Unit Requisition Form										
Patient Information										
PATIENT'S NAME (Last, First, MI)				SEX		Date of Birth		ABO/Rh type		
				() Male () Female						
Medical Record Number: _____										
Request Information										
Number of Units Requested		Requested by (Hospital Staff)		Request Date	Request Time	Hospital			Phone Number	
Antigen Negative Requirements <i>(Indicate by Checking Box or Circling Antigen/s)</i>										
C	E	c̄	ē	K	Fy ^a	Fy ^b	S	s̄	Jk ^a	Jk ^b
M	C ^w	Kp ^a	Other Antigen	Other Antigen	Other Antigen	Other Antigen	Other Antigen	Other Antigen	Other Antigen	Other Antigen
Other Product Attributes <i>(Check Appropriate Box)</i>										
<input type="checkbox"/> Leukoreduced <input type="checkbox"/> Sickle Cell negative <input type="checkbox"/> CMV Negative <input type="checkbox"/> Washed <input type="checkbox"/> Irradiated <input type="checkbox"/> Frozen/Thawed Units OK					<input type="checkbox"/> Group "O" Acceptable <input type="checkbox"/> ABO/Rh Specific ONLY <input type="checkbox"/> Rh positive acceptable <input type="checkbox"/> Fresh: Less than _____ days old <input type="checkbox"/> Other/Comments: _____					
Transfusion Information: When is the patient scheduled to be transfused?										
<i>(Indicate by Checking the Box that Applies and Enter Information as Applicable)</i>										
<input type="checkbox"/> Routine: next day or in a couple of days, there are no orders to transfuse now, for pending transfusion in future (24-36 hours) <input type="checkbox"/> ASAP: physician has requested blood, but not for immediate transfusion (Same day based on workload) <input type="checkbox"/> STAT: immediate transfusion- patient in distress, critical, bleeding or in surgery (highest priority, stop other work to do this request)										
Units Needed By (date): _____										
Regular Business Hour Requests (Mondays to Fridays, 8 am to 5 pm): _____ Phone: 201.251.3975 Fax: 201.573.4625 OFF HOURS and EMERGENCY REQUESTS: (Saturdays, Sundays, and Holidays), please call 877.237.6862. Hospital Services will contact the On-Call Immunohematologist. Please fax requests to 201.573.4628 or enter in HemaControl										
Vitalant Staff Use Only										
Date and Time Request Received: _____ Received by: _____										