vitalant

Center Information: Vitalant laboratories

Subcenter: Vitalant-Immunohematology Reference Laboratory-
717 Yosemite Street, Denver, CO 80320

Transfusion Services Order

Patient Information

Last Name _____ First Name _____ MI _____

Date of Birth _____ Gender ☐ M ☐ F

Facility Patient ID # _____ Race _____

Transfused or pregnant within last 3 months?
☐ No ☐ Yes
If yes, date _____
☐ NA ☐ Unknown

Diagnosis _____

Medications _____

Ordering Physician _____

Ordering/Transfusion Facility _____

Facility Address _____

Facility Phone _____

Specimen Requirements: 7 mL Purple Top (EDTA) No Red Top Serum Separator	Current Sample	Check Sample (if applicable)
Collection Date/Time		
Phlebotomist ID		

Received by TS

Testing Requested

- ☐ Type and Crossmatch
- ☐ Type and Screen
- ☐ Blood Type
- ☐ DAT
- ☐ Draw and Hold
- ☐ RhIG Evaluation
- ☐ Additional Crossmatched Units
- ☐ Antibody ID
- ☐ Titer
- ☐ Antibody Screen
- ☐ Other _____

Component And Quantity Requested

_____ Leukoreduced RBC

_____ Pediatric Leukoreduced RBC (volume needed _____)

_____ Apheresis Platelet(s)

_____ Plasma (volume needed _____)

_____ Cryoprecipitated, AHF

_____ Pediatric Platelet (volume needed _____)

_____ Other (specify) _____

Special Instructions

- ☐ Irradiated
- ☐ Washed*
- ☐ CMV Negative
- ☐ Specific Hct*
- ☐ Volume Reduced
- ☐ Autologous
- ☐ HLA Matched
- ☐ Directed
- ☐ Sickle Cell Negative

*Consult with Transfusion Service for Availability

Order Status

- ☐ STAT
- ☐ ASAP
- ☐ Routine

Date/Time needed _____

BBID Sticker

Pretransfusion Criteria (Indicate all that apply)

RED BLOOD CELLS

Current Hgb or HCT _____

- ☐ Pre-Surgery (anemia)
- ☐ Hemoglobin (≤ 7 g/dL or Hematocrit ≤ 24%)
- ☐ Symptomatic anemia
- ☐ Active bleeding/Acute blood loss
- ☐ Other (specify) _____

PLATELETS

Current Platelet Count _____

- ☐ Platelet count of 20,000/uL or less (outpatient)
- ☐ Platelet count of 10,000/uL or less (inpatient)
- ☐ Platelet count of < 50,000/uL, bleeding or surgery in < 24 hours
- ☐ Platelet dysfunction and bleeding/ planned surgery
- ☐ Platelet count < 50,000 uL after RBC transfusion due to blood loss
- ☐ Other (specify) _____

PLASMA

PT _____ PTT _____ INR _____

- ☐ Patient bleeding or preoperative with an INR > 2.0 or PT/PTT > 1.5
- ☐ Coag Factor deficiencies planned/ surgery
- ☐ Rapid reversal of Warfarin effect
- ☐ TTP
- ☐ Other (specify) _____

CRYOPRECIPITATED, AHF

Fibrinogen Level _____

- ☐ Diffuse microvascular bleeding and fibrinogen < 100 mg/dL
- ☐ Hemostasis required (Other therapies not available or working)
- ☐ Massive transfusion
- ☐ Fibrin glue

HCLL Accession #

These pretransfusion criteria are based on current evidence-based medical guidelines. Transfusion outside of these parameters is at the discretion of the ordering physician and should be based on the patient's clinical signs and symptoms. Medical Director consultation is available upon request.