

**TYPE/SCREEN OR TYPE CROSSMATCH REQUISITION**

REQUESTING PHYSICIAN \_\_\_\_\_

ADDRESSOGRAPH ↑

**CIRCLE "TS" OR "TX" BELOW. ALL INFORMATION MUST BE COMPLETED IN APPROPRIATE SECTION FOR REQUEST TO BE PROCESSED, PLEASE EXPLAIN ANY TX ORDER THAT INCLUDES MULTIPLE OR UNLISTED PRODUCTS AND/OR REASONS, ETC. TS OR TX ARE HELD ROUTINELY FOR 24 HOURS UP TO A MAXIMUM OF 48 HOURS FROM THE TIME SAMPLE COLLECTED.**

**TS** (TYPE/SCREEN - **NO** UNITS CROSSMATCHED) COMPLETE THE FOLLOWING:

DATE WANTED \_\_\_\_\_ TIME WANTED (IF KNOWN) \_\_\_\_\_

REASON WANTED (CIRCLE ONE):      1. "OR" SURGERY      2. "X" HOLD

CHECK HERE IF T/S ALREADY DONE WITHIN 48 HRS. AND NOW NEED UNITS CROSSMATCHED. COMPLETE SAME INFO BELOW AS FOR TX.      - FOR NURSERY/PEDS ONLY - NOTIFY BLOOD BANK IMMEDIATELY

(1) TX-EXCHANG (EXCHANGE)      (2) TX-ALIQUOT (ALIQUOT)

**TX** (TYPE/XMATCH) COMPLETE THE FOLLOWING:

DATE WANTED \_\_\_\_\_ TIME WANTED (IF KNOWN) \_\_\_\_\_ NO. OF UNITS \_\_\_\_\_

PRODUCT WANTED (CIRCLE ONE BELOW)	REASON WANTED (CIRCLE BEST ONE BELOW)
(1) C → PACKED CELLS	(1) OR → SURGERY
(2) CA → AUTOLOGOUS PC	(2) RI → GIVE, >40 YRS, HGB <8.0
(3) CD → DIRECTED PC	(3) R2 → GIVE, <40 YRS, HGB <7.0
(4) CI → IRRADIATED PC	(4) R3 → GIVE, EST BL LOSS >750 ML
(5) CL → LEUKO-DEPLETED PC	(5) R4 → GIVE, ISCHEMIA & HGB <10
EXPLAIN BELOW IN COMMENT AREA:	(6) R5 → GIVE, PRE-SURG, HGB <9
(6) RCAD → AUTOLOGOUS & DIRECTED PC	(7) R6 → GIVE, SURG, HGB <10
(7) RCAR → AUTOLOGOUS & REGULAR	(8) R7 → GIVE UNITS/HOLD UNITS
(8) RCDPC → DIRECTED & REGULAR PC	
(9) RCRAD → AUTOLOGOUS AND DIRECTED & REGULAR PC	
(10) WBC → GRANULOCYTE	

COMMENT AREA: (PLEASE EXPLAIN ORDER WITH UNLISTED OR COMBINATION OF PRODUCTS AND/OR REASONS, ETC.)

SPECIMEN COLLECTED BY \_\_\_\_\_ (print name) \_\_\_\_\_ (date/time)

DRAWN FROM AN INVASIVE LINE       DRAWN NEAR AN IV

