



Blood Bank of Hawaii

SPECIAL PRODUCT ORDER FORM

Customer/Hospital: _____		Ordered by: _____
Delivery: Need by date/time: _____ / _____ <input type="checkbox"/> Routine (< 8 hrs) <input type="checkbox"/> ASAP (< 4 hrs) <input type="checkbox"/> STAT (< 1 hr)		Order Date: _____
Patient Name _____		Diagnosis _____
Date of Birth _____		ABO/Rh _____
RBCs # Units _____ ABO/Rh _____ <input type="checkbox"/> CMV negative <input type="checkbox"/> Irradiated <input type="checkbox"/> Washed <input type="checkbox"/> Extra Bag <input type="checkbox"/> Pedi Pack Antigen Negative <input type="checkbox"/> Historical <input type="checkbox"/> Confirmed Negative for (circle): C c E e K Fy^a Fy^b JK^a JK^b S s Other: _____	Platelets # Units _____ ABO/Rh _____ <input type="checkbox"/> CMV negative <input type="checkbox"/> Irradiated <input type="checkbox"/> Washed <input type="checkbox"/> Extra Bag <input type="checkbox"/> Pedi Pack <input type="checkbox"/> HLA-Compatible Patient HLA Phenotype _____ Other: _____	
Comments _____ _____		
BBH Phone: 808-848-4700 BBH FAX: 808-848-4768		

BBH Use Only	
Received	
Order #	