



**Blood Bank of Hawaii**

## BLOOD PRODUCT ORDER FORM

Customer/Hospital:						Ordered by:			
Delivery:    Need by date/time: _____ / _____						Order Date:			
<input type="checkbox"/> Routine (< 8 hrs) <input type="checkbox"/> ASAP (< 4 hrs) <input type="checkbox"/> STAT (< 1 hr)									
<b>Service Options</b>  <input type="checkbox"/> EXTRA BAG  <input type="checkbox"/> PEDI PACK         <small>*Note for platelets, please indicate if type specific is needed in the comments</small>	Component	O+	O-	A+	A-	B+	B-	AB+	AB-
	LR RBC								
	LR RBC CMV-								
	Platelets								
	Platelets CMV-								
	FP24								
	Pooled Cryo								
	Cryoprecipitate								
	Pedi FFP								
Comments _____ _____ _____ _____									
<b>BBH Phone: 808-848-4700 Option 1      BBH FAX: 808-848-4768</b>									

BBH Use Only	
Received	
Order #	