



# San Diego Blood Bank Order / Inventory Fax Form

Hospital Name: \_\_\_\_\_

Hospital Tech Name: \_\_\_\_\_

Time: \_\_\_\_\_

Date: \_\_\_\_\_

To: **San Diego Blood Bank**

Hospital Services Department

Phone: (619) 400-8250

**Fax: (619) 725-3017**

Please send extra forms:

- Return or Transfer Certificates
- Yellow Tags

**Leuko-reduced Red Blood Cells (RBCL)**

	Stock Lvl.	Actual	Order
O pos			
O neg			
A pos			
A neg			
B pos			
B neg			
AB pos			
AB neg			
<b>Total</b>	_____		

**Frozen Plasma (200 to 399 ml)**

	Stock Lvl.	Actual	Order
O			
A			
B			
AB			
<b>Total</b>	_____		

**Single Cryoprecipitates (CAF)**

	Stock Lvl.	Actual	Order
A			
B			
AB			
O			
<b>Total</b>	_____		

**Leuko-reduced Platelets (APLT)**

	Stock Lvl.	Actual	Order
Platelets			
<b>Total</b>	_____		
Special Instructions: _____			
_____			
_____			

**Pooled Cryoprecipitates (CAF PL)**

	Stock Lvl.	Actual	Order
All Types			
<b>Total</b>	_____		

**Specialty Products Orders**

Priority	Type	Product	Qty	Comments	Initials

SDBB Use Only

SDBB HSR Filling order: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_