



INNOVATIVE  
BLOOD  
RESOURCES

# Routine Order Form

ST. PAUL  
FAX TO: 651-332-7004  
CALL STAT ORDERS TO 651-332-7108

DULUTH  
FAX TO: 218-740-1521  
CALL STAT ORDERS TO 218-740-1520

LINCOLN  
FAX TO: 402-486-9439  
CALL STAT ORDERS TO 402-486-9453

OMAHA  
FAX TO: 402-333-1363  
CALL STAT ORDERS TO 402-333-3156

Hospital \_\_\_\_\_ Date/Time \_\_\_\_\_ Ordered by \_\_\_\_\_

Order called to Hospital Services? STAT ASAP Routine  
 NO

YES  HS representative talked to \_\_\_\_\_

Record quantity for each component ordered in the proper column below					
Blood Type	Red Blood Cells	Red Blood Cells Irradiated	Apheresis Platelets	Apheresis Platelets Irradiated	Indicate Special typing CMV neg, other components or comments (such as syringe aliquots) below
A POS					
A NEG					
O POS					
O NEG					
B POS					
B NEG					
AB POS					
AB NEG					

Frozen Components						
	Fresh Frozen Plasma	Single Cryoprecipitate	Pooled Cryoprecipitate	Cryo-Reduced Plasma	Fresh Frozen Baby units	Thawed Pooled Plasma
A						
O						
B						
AB						

Unit Antigen Typing			
Quantity	Blood Type	Component	Circle antigens to be negative
			C, E, c, e, C <sup>w</sup> , K, Kp <sup>a</sup> , M, N, S, s, Fy <sup>a</sup> , Fy <sup>b</sup> , Jk <sup>a</sup> , Jk <sup>b</sup> , other: _____
			C, E, c, e, C <sup>w</sup> , K, Kp <sup>a</sup> , M, N, S, s, Fy <sup>a</sup> , Fy <sup>b</sup> , Jk <sup>a</sup> , Jk <sup>b</sup> , other: _____

**Order Comments**

**FOR INTERNAL USE ONLY**

Order received by \_\_\_\_\_ Date/Time \_\_\_\_\_