TAKE ONE OF THESE FORMS TO LAB FOR EACH UNIT TO BE PICKED UP.

ROOM AND BED NUMBER

DATE REQUESTED

- ☐ Whole Blood
- ☐ Packed Red Cells
- ☐ Washed Red Cells
- ☐ Deglycerolyzed Red Cells
- ☐ Fresh Frozen Plasma
- ☐ Platelets
- ☐ Immune Rh Globulin
- ☐ Processing Fee
- ☐ Platelet Filter
- ☐ Autologous
- ☐ Cryoprecipitate
- ☐ Sepacell Filter
- ☐ Irradiation per unit
- ☐ Leukopoor Packed Cells

Blood Bank Bracelet No.

REQUESTED BY

ISSUE DATE

Blood Unit Number or Component Number

COLOR APPEARANCE, AND EXPIRATION DATE ARE OK.

Person Issuing Blood From Lab: Signature **X**

Person Taking Blood From Lab: Signature **X**

TIME

Service:

- ☐ Medical
- ☐ Post op
- ☐ MCF
- ☐ Nurs.
- ☐ Pre-op
- ☐ OB
- ☐ E.R.
- ☐ OR
- ☐ Peds
- ☐ O.P.

BLOOD CHARGE OR CREDIT

MCLAREN MEDICAL CENTER-CENTRAL MICHIGAN

BLOOD BANK

Form no. 654-21 (2/12)