



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			

Total _____

Leuko-reduced Platelets (APLT)

	Stock Lvl.	Actual	Order
Platelets			

Total _____

Special Instructions: _____

Frozen Plasma (200 to 399 ml)

	Stock Lvl.	Actual	Order
O			
A			
B			
AB			

Total _____

Single Cryoprecipitates (CAF)

	Stock Lvl.	Actual	Order
A			
B			
AB			
O			

Total _____

Pooled Cryoprecipitates (CAF PL)

	Stock Lvl.	Actual	Order
All Types			

Total _____

Specialty Products Orders

Priority	Type	Product	Qty	Comments	Initials

SDBB Use Only

SDBB HSR Filling order: _____ Date: _____ Time: _____