

Please forward to CBC: Email - blood@cbccts.org; FAX - 937.461.9972; Phone - 937.461.7557

Hospital:	Employee:	Date/Time:
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Uncrossmatched (available)								
L/R RBC	O+	O-	A+	A-	B+	B-	AB+	AB-
Optimal Level								
TOTAL								
8-15 days								
< 8 days								

ECMO Patient Notification (MVH only)		
Patient blood type:		
Product requirements:		
ORDER:		
	blood type	quantity
L/R RBC		
SDP		

Crossmatched (allocated) <input type="checkbox"/> None								
L/R RBC	O+	O-	A+	A-	B+	B-	AB+	AB-
TOTAL								
8-15 days								
< 8 days								

SDP Platelets In-House				
Outdate	O	A	B	AB
Today				
Tomorrow				
3 days				

Notes/Comments:

Today's Shelf Order <input type="checkbox"/> None								
Product	O+	O-	A+	A-	B+	B-	AB+	AB-
RBC								
L/R RBC								
Irradiated L/R RBC								
Apheresis Platelets								
FFP								
Cryoprecipitate								
Pooled Cryo								

Yesterday's Product Usage <input type="checkbox"/> None								
Product	O+	O-	A+	A-	B+	B-	AB+	AB-
RBC								
L/R RBC								
Apheresis Platelets								
FFP								
Cryoprecipitate								
Pooled Cryo								

Excess Usage (1)*								
ABO/Rh								
Quantity								
Product								
Diagnosis								

Excess Usage (2)*				
ABO/Rh				
Quantity				
Product				
Diagnosis				

* ≥6 products on same patient within 24 hours