

**HLA MATCHED PLATELET REQUEST**

**HOSPITAL:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Blood Bank Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone/Beeper # \_\_\_\_\_

CMV Neg Platelets: Yes  No

Irradiated: Yes  No

Non Type specific acceptable: Yes  No

**Dates and Amount requested for Platelet Transfusion:** \_\_\_\_\_

**For HLA Matched Order Questions - Contact Client Services Department at 855-55-BLOOD(552-5663) or 718-707-3771.**

**DELIVERY:** Routine  Stat

**PATIENT INFORMATION:**

Name \_\_\_\_\_ SS or MR# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male  Female  CMV status: Neg  Pos  unknown

Blood Type: ABO \_\_\_\_\_ Rh \_\_\_\_\_ HLA Type: A \_\_\_\_\_ B \_\_\_\_\_

**Will accept Crossmatched platelets (if HLA matched platelets are unavailable):**

Yes  No

**If yes, please contact Westbury QC Laboratory at (516) 478-5160 when no HLA matched platelet products available.**

**FAX Form to Client Services at (718) 707-3551, 3552 or 3553.**