

Please forward to CBC: Email - hospitalservices@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								
Irrad Level								
Total								

ECMO Patient Notification (MVH only)			
Patient blood type:			
Product (s)	ABO/Rh	Quantity	Irradiated
E0181			
Platelet			
Pedi-PLT			

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

Crossmatched (allocated)

None

L/R RBC	O+	O-	A+	A-	B+	B-	AB+	AB-
TOTAL								
8-15 days								
< 8 days								
Irradiated								

Addition space for short dates/Notes/excess usage

Today's Shelf Order

None

Product	O+	O-	A+	A-	B+	B-	AB+	AB-
L/R RBC								
Irradiated L/R RBC								
Apheresis Platelets								
FFP								
Pooled Cryo								
Single Cryoprecipitate								

Yesterday's Product Usage

None

Product	O+	O-	A+	A-	B+	B-	AB+	AB-
L/R RBC								
Irradiated L/R RBC								
Apheresis Platelets								
FFP								
Pooled Cryo								
Single Cryoprecipitate								

Frozen Inventory	O	A	B	AB
FFP				
Pooled cryo				
Single 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