Excess Usage (2)*

ABO/Rh

Quantity

Product

Diagnosis



Inventory Report and Order Form Please forward to CBC: Email - hospitalservices@cbccts.org; FAX - 937.461.9972; Phone - 937.461.7557 Employee: Date/Time: Hospital: Uncrossmatched (available) ECMO Patient Notification (MVH only) L/R RBC 0+ AB+ AB-0-A+ A-B+ B-**Optimal Level** Patient blood type: TOTAL ABO/Rh Product (s) Quantity Irradiated 8-15 days E0181 Platelet Pedi-PLT < 8 days # Platelets In-House **Irrad Level** Outdate Α В ΑB Total Today Tomorrow Crossmatched (allocated) 3 days None L/R RBC 0+ 0-A+ A-R+ B-AB+ AB-4 days TOTAL 8-15 days Addition space for short dates/Notes/excess usage < 8 days Irradiated Today's Shelf Order ■ None Product 0+ B+ AB+ AB-A+ A-B-0-L/R RBC Irradiated L/R RBC **Apheresis Platelets** FFP **Pooled Cryo Single Cryoprecipitate** ■ None Yesterday's Product Usage Product 0+ 0-A+ B+ AB+ AB-A-B-Frozen L/R RBC Inventory 0 В ΑВ Irradiated L/R RBC FFP **Apheresis Platelets** Pooled cryo Single cryo **Pooled Cryo**

Excess Usage (1)*

Single Cryoprecipitate

ABO/Rh

Quantity

Product

Diagnosis

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^{* ≥6} products on same patient within 24 hours