

Please forward to CBC: Email - hospitalservices@cbccts.org; 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