Antigen Negative Red Blood Cell / HLA Request

(1) Fax order to: (210) 249-4417 (2) Follow-up with a call to: (210) 731-5509 or 1-800-292–5534 ext. 1509
(3) If no responses call Hospital Services: (210) 731-5550

Please Note: ***Order will be closed in 7 days from date received.***
Once received Order will not be cancelled. ***Please consult your current fee schedule for appropriate charges.***

Instructions: Document ordering facility, order by, date/time of order and contact information. Document all pertinent patient information required (if indicated). In addition, fill out special requirements and additional comments and/or instructions.

Ordering Facility: ________________________________ **Ordered By**: ____________________________

Date ______________ **Time**:____________ **Tel #:** (_____)____________ **Fax #:** (_____)____________

Patient Information: Last Name: _________________________**First Name:**________________________

ID # (SSN / MR#): ______________________________ **Patient's DOB**:_____________________________

Gender: ❑ **M** ❑ **F** **Diagnosis:**____

This information is to keep track of those patients that are admitted to different facilities.

	Urgency:	Special Requirements:	
Patient's Blood Type: __________	❑ **ROUTINE**	❑ **Sickle Cell Negative**	❑ **CMV Negative**
Number Needed: _____________	❑ **ASAP**	❑ **Irradiated**	❑ **Washed**
Date Needed: ______________	❑ **STAT** (Fee applies)	❑ **Pedi-Pak: Filled** ❑Yes ❑ No	**Other:** ____________________

Red Blood Cell Antigen Negative Order:

Patient red cell antibody(ies):

Antigens required to be negative:		In the event RBCs are not available will you authorize:
❑ **C**	❑ **M**	ABO/Rh Compatible RBCs: ❑ Yes ❑ No
❑ **E**	❑ **N**	
❑ **ĉ**	❑ **S**	
❑ **ê**	❑ **ŝ**	Out of town Units: ❑ Yes ❑ No
❑ **K**	❑ **P1**	
❑ **Jka**	❑ **A1**	Frozen deglycerolized RBCs: ❑ Yes ❑ No
❑ **Jkb**	❑ **Wr^a**	
❑ **Fya**	❑ **Kp^a**	
❑ **Fyb**	**Other:**	

HLA Match Platelet Order:

1. Does the patient have HLA antibodies?
   ❑ Yes ❑ No
2. Will you accept ABO/Rh compatible platelets?
   ❑ Yes ❑ No
3. In the event an **HLA Matched Platelet** is not available will you authorize:
   - Out of town Units: ❑ Yes ❑ No
   - Donor Recruitment List ❑ Yes ❑ No
4. Fax the patient's HLA phenotype, patient's HLA antibodies (if applicable), and this completed request to (210) 249-4417

QualTex Use Only:
Comments: ____________________________________
____
____

QualTex Use Only: Document history tech initials, date and comments below, and attach screen shot of antibody entry, if applicable.
History: ____________________________ Tech: ________________ Date: ________________
Completed by Tech: ___________ Completed Date: ______________No. Sent _______Order/Ship ID: _________/_________
Reviewed by:___________________________ Date:_______________________

RL03.0011.5 Rev 0007 DATE: 12/08/2017

Location: 6211 IH 10 West at First Park Ten Blvd., San Antonio, TX 78201 • (210) 731-5509 • 1-800-292-5534 • Fax (210) 249-4417