

UR NUMBER

SURNAME

GIVEN NAME(S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE ↑

Blood Bank Release Order

Patient ward: _____

PTS station number: _____

Print name of receiver: _____

Contact no/pager: _____

Fresh product request

	Units
Red Cells	<input type="text"/>
Red Cells Paedipack	<input type="text"/>
Platelets Pooled	<input type="text"/>
Platelets Apheresis	<input type="text"/>
Platelets Apheresis Paedipack	<input type="text"/>
FFP	<input type="text"/>
FFP Paedipack	<input type="text"/>
Cryoprecipitate	<input type="text"/>
Cryo depleted plasma	<input type="text"/>

Immunoglobulins

	Bottles
Rh(D) Ig 250 IU (First trimester)*	<input type="text"/>
Rh(D) Ig 625 IU*	<input type="text"/>
Hep B Ig 100IU	<input type="text"/>
Hep B Ig 400IU	<input type="text"/>
Tetanus IgG	<input type="text"/>
Zoster IgG	<input type="text"/>
IVIG: _____	<input type="text"/>
Other: _____	

Plasma derived products

	Units
Albumex® 4% 50mls	<input type="text"/>
Albumex® 4% 500ml	<input type="text"/>
Albumex® 20% 10mls	<input type="text"/>
Albumex® 20% 100mls	<input type="text"/>
Thrombotrol® VF (antithrombin III) units	<input type="text"/>

RCH emergency blood release: ED, PICU, theatre

Estimated weight of patient: _____ Kg

Special requests

Irradiated	<input type="text"/>
CMV negative	<input type="text"/>

* For administration of Rh(D) Immunoglobulin, the patient must be Rh(D) Negative, with no pre-formed Anti-D

Massive Transfusion Pack
(Red Cells + FFP etc)

Units

Blood in Motion Pack
(Red Cells only)

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Recombinant clotting factors

Units

Factor VIIa Novoseven®RT:

Factor VIII Kogenate®FS:

Advate:

Xyntha®:

Factor IX BeneFIX®:

Plasma derived clotting factors

Units

Factors II, IX & VII Prothrombinex®-VF:

Factor VIII & VWF Biostate®:

Note: dosing Biostate please specify Factor VIII or VWF units

Factor IX MonoFIX®-VF:

Factor XIII Fibrogammin®-VF:

Other

Factor: _____

Brand name: _____

Dose in units: _____