



OUTPATIENT TRANSFUSION SERVICE

Last Name: REQUIRED			First Name: REQUIRED			M.I.				
Address REQUIRED						City		State	Zip	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F REQUIRED		Date Of Birth: REQUIRED			SS#		Phone #			
Date Needed By: / /			Time:			Location of Transfusion:				
Bill To: <input type="checkbox"/> Patient <input type="checkbox"/> Facility <input type="checkbox"/> Physician <input type="checkbox"/> Other (Specify) _____ Relationship To Patient: <input type="checkbox"/> Self <input type="checkbox"/> Other (Name and Address) _____ <input type="checkbox"/> Insurance: <input type="checkbox"/> Medicare <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____ Please Attach Copy Of Insurance Card If Appropriate										
<input checked="" type="checkbox"/> ORDER		CPT Code(s)	# units	STANDARD UNITS	# units	DIRECTED DONATION	# units	AUTOLOGOUS DONATION		
Red Cell Product	Hold clot for further instruction.			CROSSMATCH 86922		CROSSMATCH 86922		AUTO-MATCH		
	Type, screen & hold clot for possible crossmatch	86900 86901 86850		Pre-filtered Red Cells		Pre-filtered Red Cells		Whole Blood		
	Type, Rho(D) and Antibody Screen	86900 86901 86850		Washed Red Cells		Washed Red Cells		Red Cells (Packed)		
				Red Cells (frozen/thawed)		Red Cells (frozen/thawed)		Red Cells (frozen/thawed)		
Other tests	ABO/Rh	86900 86901		COMPONENTS:	Comments:					
	Direct Coombs	86800		Cryoprecipitate						
	Indirect Coombs Antibody Screen	86850		Thawed Frozen Plasma						
				Platelets by Pheresis						
➔ ICD-10 Diagnosis: REQUIRED										
Patient Identified By: (Signature) REQUIRED				Blood Bank Wristband # REQUIRED			Date: REQUIRED		Time REQUIRED	
(Print Ordering Physician Name Here)										
➔ Authorizing Signature: REQUIRED						Date:				
- LAB USE ONLY -										
Specimen / Quantity: Red /Gold ____ Lt Green ____ Blue ____ Dark Green ____ Lav ____ Pink ____ Grey ____ Urine ____ Stool ____ GC/CHL ____ Other _____								ACCESSION LABEL		
Collector Code:										
Workload Codes:										
Double Checked Initials:										

920854 / 7503 (06/15)

