SPECIAL PRODUCT REQUEST FORM

Apply the recipient's demographic information label in this space, OR attach demographic information sheet to the form.

PLEASE PRINT OR TYPE. ENTIRE FORM MUST BE COMPLETE TO PROCESS ORDER.

Today's Date:

RECIPIENT INFORMATION

Instructions: Document the patient's **COMPLETE** legal name and birth date (MM/DD/YY format) in the appropriate fields below. Indicate the patient's gender and blood type (required) in the appropriate fields below. Document the Patient Medical Record Number (MRN) and diagnosis in the appropriate fields below.

Patient's Complete Legal Name			Birth Date
Last	First	Middle	Birth Date

Gender	ABO Group/Rh Type *(required)*	Patient Medical Record Number (MRN)
☐ Male ☐ Female		

Diagnosis

PRODUCT REQUESTED

Instructions: Place a checkmark to indicate the type of product being requested.

Please attach a Histocompatibility Report if available.

☐ **HLA Matched Platelets (MPT)** ☐ **HPA-**_____

SPECIAL PRODUCT NEEDS

Instructions: Place a check mark to indicate irradiation requirements, CMV requirements, and Rh acceptability.

Versiti to Irradiate	CMV-Negative	Rh-Pos for Rh-Neg Acceptable
☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ Preferred	☐ Yes ☐ No ☐ N/A

INSTITUTIONAL INFORMATION

Instructions: Document the name of the hospital where the product(s) are to be sent and billed to, along with the complete address.

Hospital / Bill to			
Shipping Address	**City**	**State**	**Zip**

ORDERING PHYSICIAN AND CONTACT INFORMATION

Instructions: Document the name of the ordering physician, the name of the person completing the form/contact for concerns/questions related to this order, and the 24 Hour Blood Bank phone number, including area code.

Physician Name	Completed by/Contact Name	24 Hour Blood Bank Phone Number

COMMENTS

All orders MUST be called to 414-937-6101. Please fax the completed form to 414-933-6833, attention "Special Patient Services," or scan and email to SPSMatchedPlatelets@bcw.edu.

Additional forms may be obtained by visiting the Versiti website at:
www.versiti.org → **Products and Services → Specialty Products and Services → HLA/HPA Matched Platelets → Special Product Request Form**

If you are unable to obtain a form online, contact Special Patient Services at (414) 937-6101 and a form will be faxed to you.