Title: IRL Request for Antigen Negative Red Blood Cells
Number: FRM-0324 Version: 1 Effective Date: see cover sheet

Reset Form

San Diego Blood Bank
3636 Gateway Center Avenue Suite 100 92102

Phone Calls to: 619.400.8257

Fax Orders to: 619.725.3017 or 800.454.8568

Requesting Facility ID _____ Requesting Tech _____

Patient Name _____ Medical Record # _____

Request Priority: STAT ☐ Routine ☐

Date / Time Needed: _____

ABO/Rh	O Rh+	A Rh+	B Rh+	AB Rh+	O Rh-	A Rh-	B Rh-	AB Rh-
# of Units Requested								

Requested Negative for the below Antigens

☐ C	☐ E	☐ c̄	☐ e	Other (Please list):
☐ K	☐ Fy^a	☐ Fy^b	☐ Jk^a	
☐ Jk^b	☐ S	☐ s̄		

Any Additional Requirements or Special Instructions?

Irradiated ☐ CMV negative ☐ Hgb S ☐ Other: _____

For Deglycerolized Units Only

☐ Will accept unit without QC being performed? ☐ **Will Not** accept unit without QC being performed?

Request Called to: _____ Date / Time: _____

Bottom Section: SDBB Use Only

place DIN here	*place DIN here*	*place DIN here*
place DIN here	*place DIN here*	*place DIN here*

Comments

_____

_____

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