

DAILY BLOOD INVENTORY REQUEST / COMPLETED FORM

FLORIDA'S BLOOD CENTERS SITE: _____ FAX NUMBER: _____

Hospital: _____ Tech: _____ Date: _____

Red Blood Cells	O POS		O NEG		A POS		A NEG		B POS		B NEG		AB POS		AB NEG	
LR=Leukocytes Reduced NLR = Non Leukocytes Reduced	LR	NLR	LR	NLR	LR	NLR	LR	NLR	LR	NLR	LR	NLR	LR	NLR	LR	NLR
Available																
Requested																
Shipped / Update																
Special Requests (CMV Neg, Irradiated, etc.)																
FP24	O				A				B				AB			
Requested																
Shipped / Update																
CRYO	O				A				B				AB			
Single Requested																
Pooled Requested																
Shipped / Update																
PLACR	O				A				B				AB			
Requested																
Shipped / Update																
Platelets (Pheresis or Pooled)								Total Available:								
	Platelets, Apheresis				Platelets, Pre-pooled				Random Platelets				Special Requests (Irradiated, CMV Neg, etc.)			
Available																
Requested																
Shipped																
Platelet Products available in Hospital Inventory																
Unit Number				Expiration Date				Unit Number				Expiration Date				

Additional Requests/Comments:

FBC personnel completing order: _____ Date: _____

