

 **New York Blood Center**

HLA MATCHED PLATELET REQUEST

HOSPITAL: _____ **Today's Date:** _____

Blood Bank Phone # _____ Fax # _____

Name of Contact Person: _____ Phone/Beeper # _____

CMV Neg Platelets: Yes No

Irradiated: Yes No

Non Type specific acceptable: Yes No

Dates and Amount requested for Platelet Transfusion: _____

For HLA Matched Order Questions:

Contact Customer Care Center at 855-55-BLOOD (552-5663) or 718-707-3771.

DELIVERY: ASAP (*Supplemental*) Stat

PATIENT INFORMATION:

Name _____ SS or MR# _____

Date of Birth _____ Male Female CMV status: Neg Pos unknown

Blood Type: ABO _____ Rh _____ HLA Type: A _____ B _____

Will accept Crossmatched platelets (if HLA matched platelets are unavailable):

Yes No

If yes, please contact NYBC QC Laboratory at (718) 752-4622 or 718-752-4638 when no HLA matched platelet products available.

FAX Form to Customer Care Center at (718) 707-3551