

New Order **Continuation*** **Cancellation – Last day** _____

Today's Date _____ **Dates Product requested: FIRST** _____ **LAST** _____

EMERGENT NEED: Unstimulated donor acceptable if available? **Yes** **No**

Hospital: _____ **Location:** _____

Blood Bank: Phone # _____ **Fax #** _____

Contact Person _____ **Phone #** _____

Patient's name: Last Name _____ **First Name** _____

Date of Birth ___/___/_____ **Gender:** **Male** **Female**

Blood Type: ABO _____ **Rh** _____

CMV status: **Positive** **Negative** **Unknown**

PRODUCT REQUESTED: CMV – needed **Yes** **No**

Irradiation Needed: **Yes** **No**

List acceptable blood types: _____

Can NYBC utilize donors 30 days from last pheresis donation? **Yes** **No**

Please complete and fax or email to Customer Care Center at (718) 707-3551 or clientservices@nybc.org.

- For CONTINUATION of existing orders: please **fax AND call** Customer Care Center **before Noon** on the last day of the existing order.
- If the last day of the order falls on a Saturday or Sunday, please **fax AND call** Customer Care Center on Friday **before Noon** preceding the last day of the order. Please **fax all changes to the original order** to avoid miscommunications.
- For CANCELLATION of an existing order, **additional charges will be applied.**
- Customer Care Center may be reached by phone at (718) 707-3771 or via email clientservices@nybc.org.