New York Blood Center

Referred Donor Order

Client Services/Customer Care Center

Instructions: Complete form and fax to Client Services at (718) 707-3551 or email: ClientServices@nybc.org

For questions, call: 718-707-3771.

Requesting Facility Information:		
Hospital Name:	Blood Bank phone number:	Blood Bank Fax number:
Contact name:	Phone:	

Product Request Information (Platelets only):		
Referred Unit Number:	Length of request:	Number of products requested:
(Reminder: Donations must be scheduled 3 days from collection date for PLT)		
Dates requested for Transfusion:		
Delivery: ☐ ASAP ☐ STAT- *requires approval for cab- show approval name here:*		

Patient Information:				
Name:	ABO:	Rh:	MR#:	Date of Birth:
☐ Male ☐ Female	CMV status: ☐ Negative ☐ Positive ☐ Unknown			
Comments:				

Our hours:	**Contact Information:**
Monday 0900 – 1700 hrs. Tuesday -Friday 0900 – 2000 hrs. Saturday 12:30pm – 2000 hrs. Sunday 10:00am – 1800 hrs.	Call Client Services at 718-707-3771 for questions and concerns. **Fax number**: (718) 707-3551 **Email:** ClientServices@nybc.org

For Client Services Use ONLY:		
Donor Name:	Donor Number:	Telephone number:
Donor Address:		