



Canadian Blood Services
it's in you to give

Accession / Crossmatch Laboratory
Phone: 204-789-1085 Fax: 204-779-8593

Red Cells Order Form

Hospital: _____ City/Town: _____

Completed By: _____ Phone Number: _____

Date Completed: _____ Time: _____

Priority: Routine
 Stat (Stat orders must be faxed and phoned)

Delivery Mode of Transportation: _____

Date Required: _____ Time Required: _____

	O POS	A POS	B POS	AB POS		O NEG	A NEG	B NEG	AB NEG
Stock no modifiers									
Stock Irradiated Only									
Stock Neonatal Divided • Non-irradiated									

For Crossmatch Use Only:

Name of Transport Person Notified: _____ Time Order Needed by Transport: _____

Packing Slip #(s): _____ Initials: _____

Comments:
