

Granulocyte Product Request

Instructions: Complete all sections and FAX to 816-277-0785 Therapeutic Services

Patient Information

First Name	MI	Last Name	Birthdate	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Address		City	State	Zip Code
Patient's Contact Person (if not patient)			Phone #	
Hospital	Diagnosis		Patient's ABO/Rh	

Physician's Order

Product Specifications	<input type="checkbox"/> ABO Type Identical <input type="checkbox"/> ABO Type Compatible: Mark acceptable ABO Type(s) <input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> CMV Negative <input type="checkbox"/> Irradiated
Collection Specifications	Date product requested: FIRST _____ LAST _____ Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Other: _____ Total # of collections: _____

Ordering Physician Information

Physician Name	Phone	Fax	
Address	City	State	Zip Code
Physician Signature			
Nurse/Coordinator:		Nurse/Coordinator Phone #	

**Therapeutic Services may be reached by phone 816-968-4081 Mon-Fri 8:00am – 4:00pm;
 After hours/weekends/holidays call 816-968-4067 (answering service)**

Children's Mercy Hospital – Kansas City ONLY: Please complete all sections and fax to Children's Mercy Hospital Transfusion Service Laboratory (TSL) at 816-302-9937; Order will be submitted by the TSL to Therapeutic Services at Community Blood Center