NUH
National University Hospital

BLOOD TRANSFUSION SERVICES – FAX REQUEST

Ward / Bed : _____/_____

Date / Faxed at : _____/_____

Please place patient sticky label in box

Doctor's Name (Block CAPs) : _____ Hp No : _____

Name of Nurse-in-charge : _____ Tel Ext : _____

BLOOD PRODUCTS / REQUIREMENTS

Lab accession barcode no.

Blood Products	**Quantity Required**	
Red Blood Cells (Packed cells)	_____ units	Latest Hb _____g/dL
Leukocyte Filtered Blood	_____ units	Bleeding? Yes / No
Fresh Frozen Plasma	_____ mL	
Platelets	_____ units	Plt Count: _____

Please contact Blood Transfusion for blood products not listed above or special requirements for example : Irradiated blood, CMV negative blood, Cryoprecipitate

Blood will be ready in ½ hr (ICUs) & 1 hr (wards) after receipt of Fax
FAX TO : 967724434

IN CASE OF URGENCY, PLEASE CONTACT BLOOD TRANSFUSION

BLOOD TRANSFUSION : EXT 22305