

YOUR HOSPITAL
BLOOD BANK PRODUCT REQUISITION: R-25

ROOM # _____

DATE:	TIME: (Military Time)
REQUESTED BY:	
<input type="checkbox"/> PACKED CELLS	WRIST BAND #:
<input type="checkbox"/> PLATELETS	
<input type="checkbox"/> FRESH FROZEN PLASMA	
<input type="checkbox"/> CRYOPRECIPITATE	
<input type="checkbox"/> OTHER (Specify): _____	
DATE & TIME Issued: _____	(Military Time)
ORDERING Physician: _____	

PATIENT'S IDENTIFICATION

NOTE: If this unit cannot be transfused, it must be returned within 30 minutes of time issued. DO NOT STORE IN YOUR REFRIGERATOR.

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