

GENERIC FORM- ADDRESS OF OFF SITE FACILITY
STREET ADDRESS
CITY, STATE, ZIP CODE
PHONE NUMBER

REX HOSPITAL BLOOD COMPONENT PICKUP FORM

Date: _____

Patient
Name: _____ DOB: _____

MR: # _____ Blood Bank Wristband ID # _____

SS#: _____

Ordering Doctor: _____

Date and Time needed: _____

Indicate number of each type of product to be picked up below.

Packed Red Blood Cells: _____

Platelets (Single Donor or Pooled): _____

OTHER Component: _____

Issued and Inspected by: _____
(Blood Bank Personnel)

Picked up by: _____
(Transfusing Facility/Cab or Courier driver)

REX BLOOD BANK: Phone: 919-784-3045
Fax : 919-784-6556 or 919-784-3363