

## Request for HLA Selected Products - Second and Subsequent Orders

For all first requests contact the appropriate lab by phone

<b>Who to contact</b>	<b>HLA or HLA &amp; HPA selected products e.g. for refractory patients</b> Routine & urgent requests <b>in lab hours (9:00 – 17:00)</b> - Fax & Phone <b>H&amp;I Laboratory</b> <b>North</b> - Sheffield (Fax 0114 358 4850, Phone 0114 358 4806) <b>South</b> - Colindale (Fax 020 8957 2973, Phone 020 8957 2814)
	<b>Hyperconcentrated units</b> use FRM603 or FRM604, for <b>HPA 1a/5b neg neonatal units</b> <b>in lab hours (9:00 – 17:00)</b> Filton H&I on Fax 0117 912 5731, Phone 0117 912 5728
	<b>Out of hours</b> clinically urgent requests only - Fax and Phone <b>Local Hospital Services</b> Department

**Receipt of this fax must be confirmed by telephoning the relevant NHSBT department**

Please note **these products are non standard** but NHSBT will endeavour to deliver by the date/time required or inform the requester of any delay. Please give as much notice as possible when requesting these products – **at least 24 hours notice for routine orders.**

**Completion of boxes with \* is required by NHSBT.**

<b>* SURNAME</b>	<b>* FORENAME</b>	
<b>* NHS No.</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<b>* DOB</b> ___ / ___ / ___	<b>* ABO / Rh Group</b>	<b>* Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>* Full Hospital Name, Town:</b>		
Hospital No _____ <small>If NHS No. not available Hospital No. <b>MUST</b> be provided</small>	Ward _____	Consultant _____

<b>* Component Details</b>	Platelets <input type="checkbox"/>	CMV Neg <input type="checkbox"/>	Neonatal <input type="checkbox"/>	Red Cells <input type="checkbox"/>
	PAS <input type="checkbox"/>	HEV Neg <input type="checkbox"/>	Vol. _____ ml	If yes, phenotype:

<input type="checkbox"/> <b>ORDER</b> / <input type="checkbox"/> <b>STANDING ORDER</b> <b>NB: For blue light orders, please state the latest time required</b>							
<b>DELIVERY</b> Blue light <input type="checkbox"/> Ad hoc <input type="checkbox"/> Routine <input type="checkbox"/> Collect <input type="checkbox"/>							
	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
<b>No. of units</b>							
<b>Delivery date</b>							
<b>Delivery time</b>	___ : ___	___ : ___	___ : ___	___ : ___	___ : ___	___ : ___	___ : ___
<b>Transfusion date</b>							
<b>Transfusion time</b>	___ : ___	___ : ___	___ : ___	___ : ___	___ : ___	___ : ___	___ : ___
<b>Standing Order - NB Maximum period one month after which request MUST to reviewed</b>							
Start Date: ___ / ___ / ___				End Date: ___ / ___ / ___			

<b>REQUESTED BY</b>	<b>* Print name:</b>	<b>* Signature:</b>
<b>Contact details:</b>		<b>Date and time of request:</b> ___ / ___ / ___    ___ : ___

<b>AMENDMENT TO ORDER</b>		
<b>Discussed with:</b>	<b>Signature</b>	<b>Date</b> ___ / ___ / ___