NON-STANDARD Component Request

**Fields marked as \* must be completed**

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| **Hospital or NHSBT Use** | | | | | | **NHSBT Use** | | | |
| **Hospital Name/ NHSBT Centre\*** | **NHSBT Site**  **or Hospital Pulse Code** | **Contact Name\*** | **Date Required\*** | **Time Required\*** | **Delivery Type\*** | **Received by** | **Date** | **Time** | **Pulse Number** |
|  |  |  |  |  |  |  |  |  |  |

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| **PHENOTYPED RED CELLS** | | | | | | | | | | | | | | | | | | | | |
| **Patient Name if required**  **or**  **Specialist Product** | **ABO**  **/Rh(D)\* \*Pos**  **or Neg** | **No.**  **Req** | ***Negative for the following antigens. Kp(a-) or Lu(a-) record in comments*** | | | | | | | | | | | | | | **Additional requirements** **(✓)** | | | |
| **C** | **D** | **E** | **—**  **c** | **—**  **e** | **M** | **S** | **—**  **s** | **K** | **—**  **k** | **Fya** | **Fyb** | **Jka** | **Jkb** | **HT-** | **CMV-** | **HbS-** | **Irr** |
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|  | **Patient Name *if required*** | **O+** | **A+** | **B+** | **AB+** | **O-** | **A-** | **B-** | **AB-** | **Phenotype** | **Irr✓** |
| **Exchange Unit (*Irradiated*)** |  |  |  |  |  |  |  |  |  |  | **✓** |
| **IUT Red Cell Unit (*Irradiated*)** |  |  |  |  |  |  |  |  |  |  | **✓** |
| **IUT Platelet Unit (*Irradiated*)** |  |  |  |  |  |  |  |  |  |  | **✓** |
| **Large Volume RBC in SAGM** |  |  |  |  |  |  |  |  |  |  |  |

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| **Note: Initial requests for the following products require NHSBT consultant approval. NHSBT consultant name:** | | | | | | | | | | | | |
|  | **Patient Name *if required*** | **O+** | **A+** | **B+** | **AB+** | **O-** | **A-** | **B-** | **AB-** | **HT-** | **CMV-** | **Irr** |
| **Platelets in PAS** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Washed Red Cells** |  |  |  |  |  |  |  |  |  |  |  |  |
| **IgA deficient Red Cells** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Granulocytes Pooled** |  |  |  |  | **X** |  |  |  | **X** |  |  | **✓** |
| **Low Titre Anti T MB FFP** |  | **X** | **X** | **X** |  | **X** | **X** | **X** |  |
| **IgA deficient FFP** |  |  |  |  |  |  |  |  |  |
| **IgA deficient MB FFP** |  |  |  |  |  |  |  |  |  |
| **IV Anti-D** |  |  |  |  |  |  |  |  |  |

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| **Comments** |