ICD 9 Code/Diagnosis: 
Requesting Physician/P.I. #: 
Physician's Pager #: 

Packed Cells (□ Adult □ Peds) □ Plateletpheresis □ Autologous 
Fresh Frozen Plasma (□ Jumbo □ Adult □ Peds) □ Other 

TRANSFUSION SERVICE STAFF: 
Blood Component Donor # _______ inspected for color, appearance, expiration date, clots, and 
hemolysis by: ________________________________
Identifications verified by: ________________________________

NURSING STAFF: PLEASE CALL 4-2870 TO REQUEST BLOOD DELIVERY.

Receiving RN (Signature) ________________________________ verified the recipient is:

ADHIX LABEL OR PRINT
Name: ________________________________
MR#: ________________________________