

|   |                       |
|---|-----------------------|
| Shepard Community Blood Center, 1533 Wrightsboro Road, Augusta, Georgia 30904 | SOP #: <b>E124.2F</b> |
| <b>REQUEST FOR ANTIGEN NEGATIVE UNITS</b>                                     | Rev: 041123           |

**Call Prior to Placing Order: 706-737-4551 or 706-733-6760**

**PLEASE FILL OUT COMPLETELY**

|                          |      |                 |                   |        |
|--------------------------|------|-----------------|-------------------|--------|
| <b>Notified Sheppard</b> |      | Date and Time   | Spoke to          |        |
| <b>Patient</b>           | Name |                 |                   | DOB    |
| ID / MR #                |      | Current Hgb/Hct | Blood Type        | Gender |
| <b>Ordering Facility</b> | PH # |                 | Form completed by |        |

|  |                                     |  |  |
|--|-------------------------------------|--|--|
| <b>RBCs Requested</b>                                |                                     | <i>If product other than RBC is needed, please provide information in "Additional Information" section below</i>   |  |
| # Units -  | ABO/Rh -                            | ABO/Rh Compatible <input type="checkbox"/>   | Type-Specific <input type="checkbox"/>           |
| <b>Special Request</b>                               | Irradiated <input type="checkbox"/> | Baby Blood (CPD) <input type="checkbox"/>  | Leukoreduced (CMV safe) <input type="checkbox"/> |
| <b>Date and Time Components Needed<br/>Check One</b> |                                     | <input type="checkbox"/> Routine (within 24 hours) <input type="checkbox"/> Other: _____<br><small>(date needed)</small><br><input type="checkbox"/> Urgent/ASAP (within 12 hours)<br><input type="checkbox"/> Emergency/STAT (within 8 hours) |  |

|  |          |          |          |          |                       |                       |                       |                       |          |          |          |                       |                       |            |                     |
|--|----------|----------|----------|----------|-----------------------|-----------------------|-----------------------|-----------------------|----------|----------|----------|-----------------------|-----------------------|------------|---------------------|
| <b>Negative For</b>  |          |          |          |          |                       |                       |                       |                       |          |          |          |                       |                       |            |                     |
| <b>C</b>   | <b>c</b> | <b>E</b> | <b>e</b> | <b>K</b> | <b>Fy<sup>a</sup></b> | <b>Fy<sup>b</sup></b> | <b>Jk<sup>a</sup></b> | <b>Jk<sup>b</sup></b> | <b>M</b> | <b>S</b> | <b>s</b> | <b>Le<sup>a</sup></b> | <b>Le<sup>b</sup></b> | <b>Kpa</b> | <b>Hemoglobin S</b> |
|  |          |          |          |          |                       |                       |                       |                       |          |          |          |                       |                       |            |                     |
| <b>Other antigens requested (specify):</b>   |          |          |          |          |                       |                       |                       |                       |          |          |          |                       |                       |            |                     |
| <b>Known antibodies (specify):</b>   |          |          |          |          |                       |                       |                       |                       |          |          |          |                       |                       |            |                     |
| **DISCLAIMER: FOR RARE ANTIGENS, UNLICENSED ANTISERA MAY BE UTILIZED FOR TESTING** |          |          |          |          |                       |                       |                       |                       |          |          |          |                       |                       |            |                     |

|                               |                          |
|-------------------------------|--------------------------|
| <b>Additional Information</b> | <b>UNITS SENT</b>        |
|                               | *SCBC LAB PURPOSES ONLY* |

**Fax to: 706-738-1603 or 706-842-7000**