

Blood Bank of San Bernardino and Riverside
 Counties: DBA LifeStream

Date of Request:		Name:			
Comments:		ID Number:			
		Date of Birth:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Draw Date: Time: Initials:		Sample Number:		Sample Type: # Submitted <input type="checkbox"/> K2E (purple top) _____ <input type="checkbox"/> Serum (red top) _____ <input type="checkbox"/> K2E (pink top) _____	
Authorizing M.D.: Donald J. Chaffin, M.D. <input type="checkbox"/> Other _____					
SUBMITTING FACILITY (√) :			REPORT RESULTS TO (√) :		
<input type="checkbox"/> HDDC <input type="checkbox"/> ODC <input type="checkbox"/> RDC <input type="checkbox"/> SBDC <input type="checkbox"/> LQDC <input type="checkbox"/> PDC <input type="checkbox"/> MDC <input type="checkbox"/> RADC <input type="checkbox"/> MVDC <input type="checkbox"/> Apheresis		<input type="checkbox"/> Medical Surveillance <input type="checkbox"/> Human Resources <input type="checkbox"/> OTHER Address: _____ _____		<input type="checkbox"/> HDDC <input type="checkbox"/> ODC <input type="checkbox"/> RDC <input type="checkbox"/> SBDC <input type="checkbox"/> LQDC <input type="checkbox"/> PDC <input type="checkbox"/> MDC <input type="checkbox"/> RADC <input type="checkbox"/> MVDC <input type="checkbox"/> Apheresis	
Testing Requested					
<input type="checkbox"/> Complete Donor Panel (ABO/Rh, antibody screen, Syphilis, viral markers)		Laboratory Testing		Result	
		<input type="checkbox"/> CMV		Date	
<input type="checkbox"/> Donor Panel – Pre-Screen Granulocyte		<input type="checkbox"/> DAT		Initials	
<input type="checkbox"/> Offsite Testing Panel (External Customers Only)		<input type="checkbox"/> Cold Agglutinin			
<input type="checkbox"/> Pre-Platelet Count DO NOT REFRIGERATE		<input type="checkbox"/> Other: _____			
<input type="checkbox"/> CBC (Complete Blood Count) DO NOT REFRIGERATE					
<input type="checkbox"/> Anti-HBs (Employee Post-vaccination)					
Received		Comments:			
Date					
Time					
Initial					

Time Date Stamp