

Ref Lab					Client Services		
Patient name	Hosp.	Date/Time/By ordered	Quant/Prod ordered	Vendor/ETA	Date/Time of Arrival	Unit #'s	Date/Time/By Shipped

**\*\*ALL HLA MATCHED PLATELETS MUST BE IRRADIATED PRIOR TO SHIPMENT\*\***

**Lab:**

- 1 - Complete Ref Lab side of form.
- 2 - Copy and send to Client Services.

**Lab:**

- 3 - Staple with original.
- 4 - Review, scan and email to billing, and file forms.

**Client Services:**

- 1 - Complete Client Services information on form.
- 2 - Return to Ref Lab to file.

Reviewed By/Date: \_\_\_\_\_