

BLOOD BANK I

CHART COPY



PREOP FOR: HOLD IN CASE TRANSFUSE ON: UVMHC FAH

ROUTINE STAT HOLD ON CALL

CORD BLOOD ROUTINE
(ABO, Rh, Direct Coombs)

PRENATAL ANTIBODY STUDY
(Type, Screen, Titer if indicated)

PREPARE Rh IMMUNE GLOBULIN

FETAL SCREEN
Result:

REQ. PREPARED BY

**UVM MEDICAL CENTER
111 COLCHESTER AVENUE
BURLINGTON, VT 05401**

DIAGNOSIS, COMMENTS,
TRANSF. HX., OBSTET. HX.

DATE
WARD
NAME (LAST, FIRST)
HOSPITAL NO.
ADDRESS
PHYSICIAN
LOC
SEX
DATE OF BIRTH

TEST RESULT *TYPE SCREEN *CROSSMATCH NO. OF UNITS RED CELLS OTHER

TEST	RESULT
ABO GROUP	
Rh FACTOR	
SUBGROUP	
DIRECT COOMBS	
ANTIBODY SCREEN	
ANTIBODY ID	

UNITS ARE COMPATIBLE BY USUAL TECHNIQUES
____ RED BLOOD CELLS AVAILABLE
____ AUTOS ____ DIRECTEDS AVAILABLE
____ RED BLOOD CELLS WILL BE AVAILABLE FOR SURGERY
____ VIALS OF RhIG AVAILABLE

SPECIMEN ID BY: _____ *ORDER WILL BE HELD ONLY UNTIL 8 AM ON: _____ TECH. _____ DATE DONE: _____

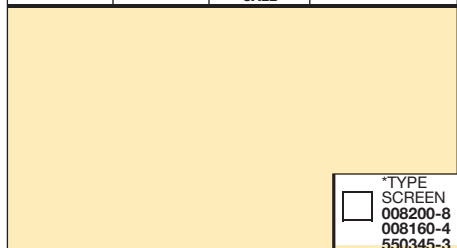
PERF

UE8929 G M O

Made by Standard Register

BLOOD BANK I

PREOP FOR: HOLD IN CASE TRANSFUSE ON: UVMC FAH
 ROUTINE STAT HOLD ON CALL REQ. PREPARED BY




UVM MEDICAL CENTER
111 COLCHESTER AVENUE
BURLINGTON, VT 05401
 SERVICE BLOOD BANK I LABORATORY

DATE _____ WARD _____
 NAME (LAST, FIRST) _____
 HOSPITAL NO. _____ SEX _____
 ADDRESS _____ DATE OF BIRTH _____
 PHYSICIAN _____

*TYPE SCREEN 008200-8 008160-4 550345-3 *CROSSMATCH X 008260-2 RED CELLS OTHER

#	CHARGE #	TEST NAME	#	CHARGE #	TEST NAME	#	CHARGE #	TEST NAME	#	CHARGE #	TEST NAME
___	x008200-8	BLOOD ABO	___	x008160-4	ANTIBODY SCREEN	___	x550420-4	COMP. TEST INCUB.	___	x550417-0	CORD BLOOD ABO
___	x550345-3	BLOOD Rh	___	x550425-3	ANTIBODY ID	___	x550421-2	COMP. TEST AHG	___	x550418-8	CORD BLOOD Rh
___	x008365-9	RBC ANTIGENS, EACH	___	x550429-5	ANTIBODY ID AHG	___	x550439-4	ANTIGEN TEST ON UNIT	___	x550419-6	CORD BLOOD DAT
___	x008220-6	DAT	___	x550426-1	AUTO AGGLUT 4°C	___	x550424-6	PRETREAT W.A.R.M.	___	x008266-9	FETAL SCREEN
___	x550437-8	DAT, IgG	___	x550441-0	PRETREAT SERUM REST	___	x550468-3	ALLO ABSORPTION	___	x550427-9	PRETREAT SERUM DTT
___	x550438-6	DAT, COMPLEMENT	___	x550423-8	PRETREAT RBC PAPAN	___	x550440-2	ELUTION	___	x008180-2	ANTIBODY TITER

Form # 23-014703 (4/30/15) LIP 

BLOOD BANK I ACCOUNTING COPY

PROOF: **UE8929**
 CUSTOMER: UVM Medical Center
 PT.2 / INK: BLACK, 185 RED
 PAPER: 14.5# CANARY CFB PRM BLK