



Granulocyte Product Request

New Order Continuation* Cancellation – Last day _____

Today's Date _____ Dates Product requested: FIRST _____ LAST _____

EMERGENT NEED: Unstimulated donor acceptable if available? Yes No

Hospital _____

Blood Bank: Phone # _____ Fax # _____

Contact Person _____ Phone # _____

Patient's name _____

Date of Birth ___/___/_____ Gender: Male Female

Blood Type: ABO _____ Rh _____

CMV status: Positive Negative Unknown

PRODUCT REQUESTED: CMV – needed Yes No

Irradiation Needed: Yes No

List acceptable blood types _____

Can NYBC utilize donors 30 days from last pheresis donation? Yes No

Please complete and fax or email to Client Services at (718) 707-3551 or clientservices@nybloodcenter.org.

- For CONTINUATION of existing orders: please **fax AND call** Client Services **before Noon** on the last day of the existing order.
- If the last day of the order falls on a Saturday or Sunday, please **fax AND call** Client Services on Friday **before Noon** preceding the last day of the order. Please **fax all changes to the original order** to avoid miscommunications.
- For CANCELLATION of an existing order, **additional charges will be applied.**
- Client Services may be reached by phone at (718) 707-3771 or via email clientservices@nybloodcenter.org