

ICD 9 Code/Diagnosis:
Requesting Physician/PI #:
Physician's Pager #:

Packed Cells ( Adult  Peds)  Plateletpheresis  
Fresh Frozen Plasma ( Jumbo  Adult  Peds)  Autologous  
 Other

**TRANSFUSION SERVICE STAFF:**

Blood Component Donor # \_\_\_\_\_ inspected for color, appearance, expiration date, clots, and hemolysis by: \_\_\_\_\_

Identifications verified by: \_\_\_\_\_

**NURSING STAFF: PLEASE CALL 4-2870 TO REQUEST BLOOD DELIVERY.**

Receiving RN (Signature) \_\_\_\_\_ verified the recipient is:

APPLY LABEL OR PRINT	
Name:	
MR#:	

Medical Necessity: Medicare and Medi-Cal will pay only for tests that meet the Medicare and Medi-Cal coverage criteria and are reasonable and necessary to treat or diagnose an individual patient.

UC DAVIS MEDICAL CENTER      BLOOD BANK ORDER FORM (B605)      Ralph Green, M.D., DIRECTOR  
#71431-605 (7/99)