

PRIVATE/CONFIDENTIAL

DATE:

ALFRED HOSPITAL INPATIENT PLATELET ORDER FORM

WARD 7EAST Ext 3771/FAX 6068

Name/UR	Diagnosis	Platelet Count	Please indicate if CMV <u>Screened</u> or <u>Unscreened</u> Platelets are required	Number of Units	Requesting Doctor	Ready for Issue Yes/No Time faxed

H.M.O: Fax to Alfred Hospital Blood Bank on Fax 2265

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***** If Fax found in error please forward fax to the above number*****