

Immunohematology Reference Laboratory Request for Antigen Negative Unit(s)

 Versiti Illinois: Phone 630-264-7832 | Fax 630-892-8648
 Versiti Indiana: Phone 317-916-5188 | Fax 317-916-5189

 Versiti Michigan: Phone 616-233-8583 | Fax 616-233-8687
 Versiti Wisconsin: Phone 414-937-6205 | Fax 414-937-6461

Ordering Institution Information															
Person Completing Requisition:									Date and Time order placed:						
Institution:									Client #:						
Dept:						Addres	ss:								
City:							State:			Zip Co	ode:				
Phon	e (Lab):				Provider Contact (phone/email):										
Patient Information															
Last N	Name:					First Name:					MI:				
DOB: AB				ABO	/Rh:			Biologic Sex/Sex Assigned at Birth: ☐ Male ☐ Female							
Orde	r Priority														
□ Ro	utine														
□ ASAP					Date and Time needed:										
□ STAT*															
*Please contact Versiti partner directly when ordering STAT service															
				npatible red o						ner to red	quest ty	pe specifi	c units)	
ABO/	Rh:			Number o	of Units R	equeste	d:								
Special Requests															
			N					an Mara							
	Confirmed Antigen Negative					nconfiri		tigen Negative							
			CMV Nega	IV Negative		Saline \	Washed				☐ HbS Negative				
	Other														
Requ	ired Antige	en Ne	gative	For (Please	circle or	comme	nt what t	he reque	sted units	need t	o be a	ntigen n	egati	ve for)	
С	E	С	e	Cw	K	Fy ^a	Fy ^b	Jk ^a	Jk⁵	М	N	S		s	
	_			J		. ,	•		JK			J		3	
Additional Antigens/Comments															
IRL U	SE ONLY														
	Order received by date / initials														
	Patient H	istory	, Check	Performe	d (date a	nd initia	ls)								
Revie	ew:			Date: _											