## Transfusion Services TRANSFUSION REQUEST HIS ORDER CODES

COMPONENT	ORDER CODE	COMPONENT CODE	SPECIAL INSTRUCTIONS	COMMENT
Leukocyte Reduced Red Blood Cells	Transfuse (TRCG) If specimen required, patient >4 months	RBC	-Irradiated -Washed -Directed Donor -Autologous -Deglycerolized - Remove Adsol	A Type and Screen specimen is required every three days on patients >4 months old if the patient has been transfused in previous 3 months Enter # of units, or specific volume
	Transfuse Order Modification (BBAD)			Use to modify existing orders
	Transfuse (Less than 4 months) (UXM) If patient <4 months old, with initial workup done on current admission		-Irradiated -Washed -Directed Donor - Remove Adsol	Enter # of units, or specific volume
Platelets	Transfuse Platelets (TPLT)	PLTS	<ul> <li>Irradiated</li> <li>Washed</li> <li>PLAI – negative</li> <li>volume reduced</li> <li>Crossmatched</li> <li>HLA matched</li> </ul>	Enter # of units, or specific volume for patients <10 Kg
Granulocytes	Transfuse (TRCG)  If specimen required, patient >4 months	GPH (White cell pheresis) BU (Buffy)	-CMV negative	A current Type and Screen specimen is required.  All granulocytes must be irradiated prior to issue

Transfuse (Less than 4 months)	(UXM) If patient <4 months old, with initial workup done on current admission			Enter specific volume
Fresh Frozen Plasma/Frozen Plasma	Transfuse FFP (TFFP)	FFP	-Specify if Directed Donor	Enter # of units, or specific volume for patients <20 Kg
Cryoprecipitate	Transfuse Cryo (TCRY)	CRY	-Specify if Directed Donor	Enter # of units, NOT # of mL's
Pre-operative	Blood Products	RBC	-Specify number	See comments
Blood Product	on Hold	PLTS	of units for each	under RBC,
Order	(UNITS)	FFP	product & special	PLTS, FFP,
		CRY	instructions	CRYO
	Blood Bank Referred Testing (BBRT)			Use to order additional patient specimen
Tissues (bone,	Order Tissue		-Specify tissue	
tendons, putty's)	(OTIS) for bone		product	
	and tendons		size/quantity	
	Order			
	Manufactured			
	Tissues (OMTIS)			
	for putty			