



Tel. No. : 653 - 33 - 33  
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**CROSSMATCHING REQUEST  
FOR TRANSFUSION**

FIRST NAME : WALID BARI MUHD YAMANI AGE : 26 DATE : 1/3/09  
FAMILY NAME : \_\_\_\_\_ SEX : (M) ROOM : \_\_\_\_\_  
MRN : 215321  
ABO - Rh : O + ve DOCTOR : AHMED SAMEH

<b>REMARKS</b>	Previous Transfusion : _____ Date : _____
<input type="checkbox"/> IMMEDIATE ( WITHOUT CROSS MATCHING )	ABO - Rh : _____
<input type="checkbox"/> URGENT ( As Crossmatch Complete )	Reactions : _____ Pregnancies : _____
<input type="checkbox"/> ROUTINE	
<input checked="" type="checkbox"/> STAND BY : _____	
( Time and Date Required )	

**CLINICAL HISTORY & DIAGNOSIS :**

Previous CS , prepared for CS.

72087 <input type="checkbox"/> Stored Whole Blood (+ve) <u>1</u> unit	72077 <input type="checkbox"/> Cross Matching <u>1</u> units
72088 <input type="checkbox"/> Stored Whole Blood (- ve) _____ unit	72079 <input type="checkbox"/> Fresh (Fresh Frozen) Plasma _____ units
72081 <input type="checkbox"/> Fresh Whole Blood _____ unit	72083 <input type="checkbox"/> Platelet Concentrate Extra Life _____ units
72085 <input type="checkbox"/> Stored Packed RBC (+ve) _____ unit	72078 <input type="checkbox"/> Donors Screening _____ units
72086 <input type="checkbox"/> Stored Packed RBC (- ve) _____ unit	72072 <input type="checkbox"/> Blood Bag _____ bag
72080 <input type="checkbox"/> Fresh Packed RBC _____ unit	

185  
Doctor's Signature

**NOTE :**

- 1 - Blood is reserved for 48 H only .
- 2 - Any blood request without the ABO - Rh of the patient will be charged accordingly .
- 3 - Donor's Screening requires at least 48 hours to be finished .