

HLA-Compatible Platelet Supply Worksheet (this section to be completed by the requestor)

RN/ID		DOB		Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Patient Name				Location	
Requesting Dr					
Diagnosis		Weight (kg)		Height (m)	

Patient Class-I HLA Type					
A		B		C	

	Product ID	PC-Dose (x 10 ¹¹)	Pre (x 10 ⁹ /L)	10-min (x 10 ⁹ /L)	1-hour (x 10 ⁹ /L)	24-hour (x 10 ⁹ /L)
1						
	Corrected Count Increment					
2						
	Corrected Count Increment					

FOR TRANSFUSION LABORATORY USE

	Assigned Antibodies	Masked Antigens	% PRA
LIFECODES Class I ID			
LIFECODES LSA Class I			

Transfusion Plan:

Haematologist/Transfusion Medicine Specialist

Date