



Request for Convalescent Plasma

To:	Blood Bank of Alaska – Hospital Services Phone: (907) 222-5610 Fax: (907) 222-5683 Email: DistributionandManufacturing@BBAK.ORG	
From:	Ordering Facility:	
	Phone:	
	Fax:	
Request		
eIND or IND Number (if available):		
Requested ABO/Rh:		
Quantity:		
Order Status		
STAT Order? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please deliver for pre-transfusion testing by:	Date:	Time:
BBA Hospital Services Tech Notified		
BBA Tech's Name:	Date:	Time:
Faxed By		
Order Faxed By:	Date:	Time: