Type of Product:
1. Factor VIIa (Novoseven)
2. Factor VIII (Recombinant)
3. Other: ___________________________

Other Information required:
Date/Location of diagnosed deficiency: _________________________________
Patient weight: ____________________(kgs)
Desired Factor Level (% Activity): _____________
Dosage: _____________ International Unit
Frequency of Dose: ___________________

Results for ________ needed by _______________
(test) (date/time)

Test Code (please circle)  Test Name
☐ CTS  Cardiac Type and Screen (includes Cold Agglutinin Screen) ¹ (Specimen retention - see below)
☐ TSC  Type and Screen ², ³ (3 day specimen retention)

Please answer the following questions:
1. Have you been hospitalized in the last three months?  4. Have you been pregnant in the last three months?
   ☐ Yes  ☐ No  ☐ Yes  ☐ No
   If yes, where? _____________________________
2. Have you ever had a blood transfusion? ________________________________________________
   ☐ Yes  ☐ No  _______________________________
3. Have you had a red cell transfusion in the last three months? ______________________________
   ☐ Yes  ☐ No  _______________________________

If the patient has answered yes to having been transfused or pregnant within the last three months, a Lab Only visit must be scheduled for the patient to have a specimen drawn for a Cardiac Type and Crossmatch. Please schedule 24 hours prior to the scheduled surgery date at the most convenient location within the Bassett Network. Order a CRCP below.

CROSSMATCH/OVERN ORDER OF BLOOD COMPONENTS
Specimen retention will be 21 days from the date of specimen collection for CTS specimens only. This specimen will be used for crossmatching of red cell products as indicated below and made ready for the patient 24 hours before the scheduled surgery if the patient's testing and history meet the following criteria:

• Cardiac Antibody Screen results are negative.
• Patient has not been transfused in the last three months.
• Patient has not been pregnant in the last three months.
• Patient does not have a history of previously identified antibodies.

Instructions: Indicate the products that will be ordered by circling the appropriate code and indicating the # of units.
Record the date and name of the cardiac surgical procedure being performed.

Scheduled Surgery Date: ____________________  Surgical Procedure: ____________________

<table>
<thead>
<tr>
<th>Code</th>
<th>Component</th>
<th># of Units</th>
<th>Code</th>
<th>Component</th>
<th># of Units</th>
<th>Code</th>
<th>Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRCP</td>
<td>Red Cell  Products</td>
<td></td>
<td>PLATELET</td>
<td>Platelet Pheresis Products</td>
<td></td>
<td>FACTOR</td>
<td>Factor Products</td>
</tr>
</tbody>
</table>

Special Requirements:
1. Autologous
2. Directed
3. CMV Negative
4. Irradiated
5. Split/Aliquot
6. Washed

Indication for use:
1. Cardiac Surgery scheduled within 21 days.

Special Requirements:
1. CMV Negative
2. Irradiated
3. HLA Matched
4. Crossmatched
5. None

Indication for use:
1. Cardiac Surgery scheduled within 21 days.

<table>
<thead>
<tr>
<th>Code</th>
<th>Component</th>
<th># of Units</th>
<th>Code</th>
<th>Component</th>
<th># of Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLASMA</td>
<td>Plasma Products</td>
<td></td>
<td>CRYO</td>
<td>Cryoprecipitate</td>
<td></td>
</tr>
</tbody>
</table>

Indication for use:
1. Cardiac Surgery scheduled within 21 days.

Special Requirements:
1. Hemophilia A/Factor VIII
2. Hypofibrinogenemia
3. VonWillebrand's Disease

<table>
<thead>
<tr>
<th>Code</th>
<th>Component</th>
<th># of Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>8228</td>
<td>ICD-9 Code</td>
<td>or Descriptive Diagnosis</td>
</tr>
</tbody>
</table>

Provider’s Signature: ____________________
Signed Date and Time: ____________________
Received by: ____________________
1. When atypical antibodies are detected, antibody identification studies will be performed. If a Nonspecific Cold Agglutinin has been identified, a Cold Agglutinin Titer and Thermal Amplitude Studies will be performed.
2. When atypical antibodies are detected, antibody identification studies will be performed.
3. When DAT is positive due to IgG, eluate study may be performed (only if patient has been pregnant or transfused in past three months).