

Granulocyte Product Request

New Order Continuation* Cancellation – Last day _____

Today's Date _____ Dates Product requested: FIRST _____ LAST _____

EMERGENT NEED: Unstimulated donor acceptable if available? Yes No

Hospital _____

Blood Bank: Phone # _____ Fax # _____

Contact Person _____ Phone # _____

Patient's name _____	
Date of Birth ____/____/____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Blood Type: ABO _____ Rh _____	CMV status: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/>

PRODUCT REQUESTED: CMV – needed Yes No

NYBC: Reviewed by _____ Date _____

NYBC Comments: _____

Please complete and fax or email to Customer Care at (718) 707-3551 or cyustomercare@nybloodcenter.org.

- For CONTINUATION of existing orders: please **fax AND call** Customer Care **before Noon** on the last day of the existing order.
- If the last day of the order falls on a Saturday or Sunday, please **fax AND call** Client Services on Friday **before Noon** preceding the last day of the order. Please **fax all changes to the original order** to avoid miscommunications.
- For CANCELLATION of an existing order, **additional charges will be applied**.
- NYBC's Customer Care Center may be reached by phone at (718) 707-3771 or via email customer-care@nybloodcenter.org