

REQUEST FOR BLOOD & BLOOD COMPONENTS



Bloodworks • 921 Terry Ave, Seattle, WA 98104

<input type="checkbox"/> CENTRAL	PH. (206) 689-6525	FAX (206) 343-1780
<input type="checkbox"/> OVERLAKE	PH. (425) 467-3374	FAX (425) 688-5031
<input type="checkbox"/> EVERGREEN	PH. (425) 434-4949	FAX (425) 899-7524
<input type="checkbox"/> SKL	PH. (425) 656-7900	FAX (425) 255-0166
<input type="checkbox"/> CHL	PH. (206) 987-5151	FAX (206) 987-9200

ITEMS SHADED IN PINK REQUIRED BY BLOODWORKS

PLEASE PRINT, USE ADDRESSOGRAPH, OR PATIENT LABEL			PATIENT INFORMATION, DATE AND TIME COLLECTED MUST BE IDENTICAL TO SAMPLE LABEL		
TRANSFUSING FACILITY:		PATIENT HOSPITAL NO.	DATE		ORDERING PHYSICIAN
PATIENT NAME: LAST	FIRST	MIDDLE	PERSON COMPLETING REQUEST		CONTACT PHONE #
SOCIAL SECURITY # (IF AVAILABLE)		BIRTHDATE	DATE/TIME DRAWN _____ <small>Must match date / time on sample label exactly</small>		HOSPITAL / SAMPLE ACCESSION NO. (IF REQUIRED)
ORDERING FACILITY (IF DIFFERENT FROM ABOVE)			<input checked="" type="checkbox"/> _____ Person collecting sample and performing positive patient ID		
DIAGNOSIS		ICD CODE	<input checked="" type="checkbox"/> _____ 2nd Person performing positive patient ID (if required by hospital policy)		

COAGULATION RESULTS TESTED WITHIN PAST 24HRS			IS PATIENT ACTIVELY BLEEDING? YES <input type="checkbox"/> NO <input type="checkbox"/>		
TEST	RESULTS	DATE/TIME DRAWN	TYPE OF IMPENDING PROCEDURE / SURGERY (if applicable):		
PT/INR					
PTT					
FIBRINOGEN					
PLATELET COUNT					
HEMATOCRIT					

Patient Profile To set up BW patient profile only, not for placing component orders. (Check applicable boxes below, see back of form)

CMV Negative
 Irradiated
 Volume Reduced
 Washed

<input type="checkbox"/> Type & Screen, Routine Sample valid for three days	<input type="checkbox"/> Type & Screen, Emergency Sample valid for three days	<input type="checkbox"/> Hold Sample Sample valid for three days
---	---	--

Red Blood Cells, Leukoreduced	Record # of Units Needed				Attributes / Modifications (✓)			
	Emergency Uncrossmatched <small>Physician justification required. Specimen required</small>	Emergency Crossmatched <small>Pretransfusion testing completed prior to release</small>	Routine <small>Release within 4 hrs after receipt of sample at BW</small>	Specify # of Units, Date, and Time Needed <input type="checkbox"/> Patient waiting in clinic (ASAP) For Hemosafe customers: <input type="checkbox"/> If not electronic crossmatch (RA) eligible send:	Irradiated	Volume Reduced	CMV Negative <small>Leukoreduced provided if not available</small>	Washed <small>Requires BW approval</small>
Red Blood Cells (~350mL)				# of Units Date & Time Needed				
Infant Red Blood Cells Divided <small>8 units held for one patient. Assigned Aliquot (~30 – 43 mL)</small>				# of Units Date & Time Needed	✓			
Infant Emergency/Surgery Red Blood Cells, (~350mL)				# of Units Date & Time Needed	✓			

Platelets, Leukoreduced	Release within 2 hrs				FOR BLOODWORKS USE ONLY			
<input type="checkbox"/> Adult Dose - Apheresis or Pooled <small>Restrictions (may require BW approval) <input type="checkbox"/> Pooled - only <input type="checkbox"/> Apheresis - only</small>				# of Doses Date & Time Needed				
<input type="checkbox"/> Emergency				# of Units Date & Time Needed				
<input type="checkbox"/> Infant Platelet Dose (indicate # of whole blood platelet units ie. 1-3) *Adult Standard Dose* should be ordered for life-threatening emergencies				# of Units Date & Time Needed	✓			
<input type="checkbox"/> Emergency				# of Units Date & Time Needed				

Plasma	Release within 2 hrs				FOR BLOODWORKS USE ONLY	
<input type="checkbox"/> Adult (~250mL) <input type="checkbox"/> Pedi (~50mL)				# of Units Date & Time Needed	Trip #	Specimen #

Cryoprecipitate	Release within 2 hrs				Comments:			
<input type="checkbox"/> Adult Dose (5 units/pool)				# of Doses Date & Time Needed				
<input type="checkbox"/> Pedi (1 unit = ~20mL)				# of Units				

Other (see back of form)	Release within 2 hrs				Comments:			
				# of Units Date & Time Needed				

TO REORDER FORMS CALL (425) 656-3022

TO RECIPIENT OF FAX:

The materials enclosed with this facsimile transmission are PRIVATE, CONFIDENTIAL, and PRIVILEGED, and are intended only for the use of the individual(s) or entity(ies) named above. If you are not the intended recipient, be advised that unauthorized use of information is strictly prohibited. If you have received this transmission in error, please notify Bloodworks by telephone immediately to arrange for return or destruction of the forwarded documents.

REQUEST FOR BLOOD & BLOOD COMPONENTS

Explanation of items on the front of the form

Patient Profile: no current blood/component order, set up BW Patient Profile only with special attributes:

- Check the Patient Profile box to set up a patient profile in the BW computer database to establish required special attributes/modifications (i.e. CMV negative, irradiated, volume reduced, washed) for a particular patient for future blood component orders. This option is provided to allow required special attributes/modifications to be defined for a patient before components are ordered to help ensure future component orders include the correct required special attributes. All future orders will contain these special attributes/modifications even if they are not indicated on the orders. An attribute/modification may be removed from a patient's record only by a specific order from the patient's medical provider to BW to remove the attribute/modification.
- Indicate special attributes/modifications required on the Patient Profile by checking all applicable boxes listed in the Patient Profile box.
- The patient identification information entered into the BW Patient Profile will be exactly as received on this request.

Other:

	Record # of Units Needed			Specify # of Units, Date, and Time Needed	
	Emergency Uncrossmatched <small>Physician justification required. Specimen required</small>	Emergency Crossmatched <small>Pretransfusion testing completed prior to release</small>	Routine <small>Release within 4 hours after receipt of sample at BW</small>	<input type="checkbox"/> Patient waiting in clinic (ASAP)	
				# of Units	Date & Time Needed
Other (see back of form) RBCR, Leukoreduced		2			
Other (see back of form) Pooled Plasma for Pheresis				2L	12-08-2014 1400

Write the product name or abbreviation in the "OTHER" box on the front of form.
Indicate the number of units required in the appropriate time needed box.
Place a check mark in the appropriate boxes for any required attributes.

The Following "Other" components require type and crossmatch testing:

- **Granulocytes (GRANS):** Must receive Prior Bloodworks approval
- **Red Blood Cells Resuspended, Leukoreduced (~ 500 mL) (RBCR):** Intended for neonatal whole blood exchange only.

The Following "Other" components do not require type and crossmatch testing:

- **Platelets Apheresis, Matched [HLA or Family - (MAP)]:** Must receive Prior Bloodworks approval.
- **Pooled Plasma for Pheresis:** Order by volume (0.5 to 10 L). Specific volume is required.
- **Cryo-Poor Plasma Pooled (CPPP):** Order by volume (0.5 to 10 L). Specific volume is required.

Attributes/Modifications:

- When attributes/modifications are selected with blood component orders, these are added to the BW patient profile.
- All future orders will contain these special attributes/modifications even if they are not indicated on the current orders.
- An attribute/modification may be removed from a patient's record by utilizing the "Patient Profile" section on the front of this form.

Adult Standard Dose:

- Platelets
 - Pre-storage Pooled Platelets = platelet count of 2.8 to 5.8×10^{11} .
 - Apheresis Platelets = a platelet count of $\geq 3.0 \times 10^{11}$.
- Cryoprecipitate
 - "Standard Dose" is the number of units pooled in each bag to reach a Factor VIII level of at least 400 IU, and a fibrinogen at least 750 mg per dL. Per the Circular of Information, assume 80 IU of Factor VIII and 150 mg of fibrinogen for each unit of Cryoprecipitated AHF (i.e., 400 IU Factor VIII and 750 mg per dL). The standard dose will yield an estimated rise in plasma fibrinogen of 37 mg per dL.

REQUEST FOR BLOOD & BLOOD COMPONENTS



Bloodworks • 921 Terry Ave, Seattle, WA 98104

<input type="checkbox"/> CENTRAL	PH. (206) 689-6525	FAX (206) 343-1780
<input type="checkbox"/> OVERLAKE	PH. (425) 467-3374	FAX (425) 688-5031
<input type="checkbox"/> EVERGREEN	PH. (425) 434-4949	FAX (425) 899-7524
<input type="checkbox"/> SKL	PH. (425) 656-7900	FAX (425) 255-0166
<input type="checkbox"/> CHL	PH. (206) 987-5151	FAX (206) 987-9200

ITEMS SHADED IN PINK REQUIRED BY BLOODWORKS

PLEASE PRINT, USE ADDRESSOGRAPH, OR PATIENT LABEL			PATIENT INFORMATION, DATE AND TIME COLLECTED MUST BE IDENTICAL TO SAMPLE LABEL		
TRANSFUSING FACILITY:		PATIENT HOSPITAL NO.	DATE		ORDERING PHYSICIAN
PATIENT NAME: LAST	FIRST	MIDDLE	PERSON COMPLETING REQUEST		CONTACT PHONE #
SOCIAL SECURITY # (IF AVAILABLE)		BIRTHDATE	DATE/TIME DRAWN _____ <small>Must match date / time on sample label exactly</small>		HOSPITAL / SAMPLE ACCESSION NO. (IF REQUIRED)
ORDERING FACILITY (IF DIFFERENT FROM ABOVE)			<input checked="" type="checkbox"/> _____ Person collecting sample and performing positive patient ID		
DIAGNOSIS		ICD CODE	<input checked="" type="checkbox"/> _____ 2nd Person performing positive patient ID (if required by hospital policy)		

COAGULATION RESULTS TESTED WITHIN PAST 24HRS			IS PATIENT ACTIVELY BLEEDING? YES <input type="checkbox"/> NO <input type="checkbox"/>		
TEST	RESULTS	DATE/TIME DRAWN	TYPE OF IMPENDING PROCEDURE / SURGERY (if applicable):		
PT/INR					
PTT					
FIBRINOGEN					
PLATELET COUNT					
HEMATOCRIT					

Patient Profile To set up BW patient profile only, not for placing component orders. (Check applicable boxes below, see back of form)

CMV Negative
 Irradiated
 Volume Reduced
 Washed

<input type="checkbox"/> Type & Screen, Routine Sample valid for three days	<input type="checkbox"/> Type & Screen, Emergency Sample valid for three days	<input type="checkbox"/> Hold Sample Sample valid for three days
---	---	--

Red Blood Cells, Leukoreduced	Record # of Units Needed				Attributes / Modifications (✓)			
	Emergency Uncrossmatched <small>Physician justification required. Specimen required</small>	Emergency Crossmatched <small>Pretransfusion testing completed prior to release</small>	Routine <small>Release within 4 hrs after receipt of sample at BW</small>	Specify # of Units, Date, and Time Needed <input type="checkbox"/> Patient waiting in clinic (ASAP) For Hemosafe customers: <input type="checkbox"/> If not electronic crossmatch (RA) eligible send:	Irradiated	Volume Reduced	CMV Negative <small>Leukoreduced provided if not available</small>	Washed <small>Requires BW approval</small>
Red Blood Cells (~350mL)				# of Units Date & Time Needed				
Infant Red Blood Cells Divided <small>8 units held for one patient. Assigned Aliquot (~30 – 43 mL)</small>				# of Units Date & Time Needed	✓			
Infant Emergency/Surgery Red Blood Cells, (~350mL)				# of Units Date & Time Needed	✓			

Platelets, Leukoreduced	Release within 2 hrs				FOR BLOODWORKS USE ONLY			
<input type="checkbox"/> Adult Dose - Apheresis or Pooled <small>Restrictions (may require BW approval) <input type="checkbox"/> Pooled - only <input type="checkbox"/> Apheresis - only</small>				# of Doses Date & Time Needed				
<input type="checkbox"/> Emergency								
Infant Platelet Dose (indicate # of whole blood platelet units ie. 1-3) *Adult Standard Dose* should be ordered for life-threatening emergencies				# of Units Date & Time Needed	✓			
<input type="checkbox"/> Emergency								

Plasma	Release within 2 hrs				FOR BLOODWORKS USE ONLY	
<input type="checkbox"/> Adult (~250mL) <input type="checkbox"/> Pedi (~50mL)				# of Units Date & Time Needed	Trip #	Specimen #

Cryoprecipitate	Release within 2 hrs				Comments:			
<input type="checkbox"/> Adult Dose (5 units/pool)				# of Doses Date & Time Needed				
<input type="checkbox"/> Pedi (1 unit = ~20mL)				# of Units				
Other (see back of form)				# of Units Date & Time Needed				

TO REORDER FORMS CALL (425) 656-3022

HOSPITAL COPY

TO RECIPIENT OF FAX:
The materials enclosed with this facsimile transmission are PRIVATE, CONFIDENTIAL, and PRIVILEGED, and are intended only for the use of the individual(s) or entity(ies) named above. If you are not the intended recipient, be advised that unauthorized use of information is strictly prohibited. If you have received this transmission in error, please notify Bloodworks by telephone immediately to arrange for return or destruction of the forwarded documents.

REQUEST FOR BLOOD & BLOOD COMPONENTS

Explanation of items on the front of the form

Patient Profile: no current blood/component order, set up BW Patient Profile only with special attributes:

- Check the Patient Profile box to set up a patient profile in the BW computer database to establish required special attributes/modifications (i.e. CMV negative, irradiated, volume reduced, washed) for a particular patient for future blood component orders. This option is provided to allow required special attributes/modifications to be defined for a patient before components are ordered to help ensure future component orders include the correct required special attributes. All future orders will contain these special attributes/modifications even if they are not indicated on the orders. An attribute/modification may be removed from a patient's record only by a specific order from the patient's medical provider to BW to remove the attribute/modification.
- Indicate special attributes/modifications required on the Patient Profile by checking all applicable boxes listed in the Patient Profile box.
- The patient identification information entered into the BW Patient Profile will be exactly as received on this request.

Other:

	Record # of Units Needed			Specify # of Units, Date, and Time Needed	
	Emergency Uncrossmatched <small>Physician justification required. Specimen required</small>	Emergency Crossmatched <small>Pretransfusion testing completed prior to release</small>	Routine <small>Release within 4 hours after receipt of sample at BW</small>	<input type="checkbox"/> Patient waiting in clinic (ASAP)	
				# of Units	Date & Time Needed
Other (see back of form) RBCR, Leukoreduced		2			
Other (see back of form) Pooled Plasma for Pheresis				2L	12-08-2014 1400

Write the product name or abbreviation in the "OTHER" box on the front of form.

Indicate the number of units required in the appropriate time needed box.

Place a check mark in the appropriate boxes for any required attributes.

The Following "Other" components require type and crossmatch testing:

- **Granulocytes (GRANS):** Must receive Prior Bloodworks approval
- **Red Blood Cells Resuspended, Leukoreduced (~ 500 mL) (RBCR):** Intended for neonatal whole blood exchange only.

The Following "Other" components do not require type and crossmatch testing:

- **Platelets Apheresis, Matched [HLA or Family - (MAP)]:** Must receive Prior Bloodworks approval.
- **Pooled Plasma for Pheresis:** Order by volume (0.5 to 10 L). Specific volume is required.
- **Cryo-Poor Plasma Pooled (CPPP):** Order by volume (0.5 to 10 L). Specific volume is required.

Attributes/Modifications:

- When attributes/modifications are selected with blood component orders, these are added to the BW patient profile.
- All future orders will contain these special attributes/modifications even if they are not indicated on the current orders.
- An attribute/modification may be removed from a patient's record by utilizing the "Patient Profile" section on the front of this form.

Adult Standard Dose:

- Platelets
 - Pre-storage Pooled Platelets = platelet count of 2.8 to 5.8×10^{11} .
 - Apheresis Platelets = a platelet count of $\geq 3.0 \times 10^{11}$.
- Cryoprecipitate
 - "Standard Dose" is the number of units pooled in each bag to reach a Factor VIII level of at least 400 IU, and a fibrinogen at least 750 mg per dL. Per the Circular of Information, assume 80 IU of Factor VIII and 150 mg of fibrinogen for each unit of Cryoprecipitated AHF (i.e., 400 IU Factor VIII and 750 mg per dL). The standard dose will yield an estimated rise in plasma fibrinogen of 37 mg per dL.

REQUEST FOR BLOOD & BLOOD COMPONENTS



Bloodworks • 921 Terry Ave, Seattle, WA 98104

<input type="checkbox"/> CENTRAL	PH. (206) 689-6525	FAX (206) 343-1780
<input type="checkbox"/> OVERLAKE	PH. (425) 467-3374	FAX (425) 688-5031
<input type="checkbox"/> EVERGREEN	PH. (425) 434-4949	FAX (425) 899-7524
<input type="checkbox"/> SKL	PH. (425) 656-7900	FAX (425) 255-0166
<input type="checkbox"/> CHL	PH. (206) 987-5151	FAX (206) 987-9200

ITEMS SHADED IN PINK REQUIRED BY BLOODWORKS

PLEASE PRINT, USE ADDRESSOGRAPH, OR PATIENT LABEL			PATIENT INFORMATION, DATE AND TIME COLLECTED MUST BE IDENTICAL TO SAMPLE LABEL		
TRANSFUSING FACILITY:		PATIENT HOSPITAL NO.	DATE		ORDERING PHYSICIAN
PATIENT NAME: LAST	FIRST	MIDDLE	PERSON COMPLETING REQUEST		CONTACT PHONE #
SOCIAL SECURITY # (IF AVAILABLE)		BIRTHDATE	DATE/TIME DRAWN _____ <small>Must match date / time on sample label exactly</small>		HOSPITAL / SAMPLE ACCESSION NO. (IF REQUIRED)
ORDERING FACILITY (IF DIFFERENT FROM ABOVE)			<input checked="" type="checkbox"/> _____ Person collecting sample and performing positive patient ID		
DIAGNOSIS		ICD CODE	<input checked="" type="checkbox"/> _____ 2nd Person performing positive patient ID (if required by hospital policy)		

COAGULATION RESULTS TESTED WITHIN PAST 24HRS			IS PATIENT ACTIVELY BLEEDING? YES <input type="checkbox"/> NO <input type="checkbox"/>		
TEST	RESULTS	DATE/TIME DRAWN	TYPE OF IMPENDING PROCEDURE / SURGERY (if applicable):		
PT/INR					
PTT					
FIBRINOGEN					
PLATELET COUNT					
HEMATOCRIT					

Patient Profile To set up BW patient profile only, not for placing component orders. (Check applicable boxes below, see back of form)

CMV Negative
 Irradiated
 Volume Reduced
 Washed

<input type="checkbox"/> Type & Screen, Routine Sample valid for three days	<input type="checkbox"/> Type & Screen, Emergency Sample valid for three days	<input type="checkbox"/> Hold Sample Sample valid for three days
---	---	--

Red Blood Cells, Leukoreduced	Record # of Units Needed				Attributes / Modifications (✓)			
	Emergency Uncrossmatched <small>Physician justification required. Specimen required</small>	Emergency Crossmatched <small>Pretransfusion testing completed prior to release</small>	Routine <small>Release within 4 hrs after receipt of sample at BW</small>	Specify # of Units, Date, and Time Needed <input type="checkbox"/> Patient waiting in clinic (ASAP) For Hemosafe customers: <input type="checkbox"/> If not electronic crossmatch (RA) eligible send:	Irradiated	Volume Reduced	CMV Negative <small>Leukoreduced provided if not available</small>	Washed <small>Requires BW approval</small>
Red Blood Cells (~350mL)				# of Units Date & Time Needed				
Infant Red Blood Cells Divided <small>8 units held for one patient. Assigned Aliquot (~30 – 43 mL)</small>				# of Units Date & Time Needed	✓			
Infant Emergency/Surgery Red Blood Cells, (~350mL)				# of Units Date & Time Needed	✓			

Platelets, Leukoreduced	Release within 2 hrs				FOR BLOODWORKS USE ONLY			
<input type="checkbox"/> Adult Dose - Apheresis or Pooled <small>Restrictions (may require BW approval) <input type="checkbox"/> Pooled - only <input type="checkbox"/> Apheresis - only</small>				# of Doses Date & Time Needed				
<input type="checkbox"/> Emergency								
<input type="checkbox"/> Infant Platelet Dose (indicate # of whole blood platelet units ie. 1-3) *Adult Standard Dose* should be ordered for life-threatening emergencies				# of Units Date & Time Needed	✓			

Plasma	Release within 2 hrs				FOR BLOODWORKS USE ONLY			
<input type="checkbox"/> Adult (~250mL) <input type="checkbox"/> Pedi (~50mL)				# of Units Date & Time Needed	Trip #	Specimen #		

Cryoprecipitate	Release within 2 hrs				Comments:			
<input type="checkbox"/> Adult Dose (5 units/pool)				# of Doses Date & Time Needed				
<input type="checkbox"/> Pedi (1 unit = ~20mL)				# of Units				

Other (see back of form)	Release within 2 hrs				Comments:			
				# of Units Date & Time Needed				

TO REORDER FORMS CALL (425) 656-3022

UNIT / SERVICE COPY

TO RECIPIENT OF FAX:

The materials enclosed with this facsimile transmission are PRIVATE, CONFIDENTIAL, and PRIVILEGED, and are intended only for the use of the individual(s) or entity(ies) named above. If you are not the intended recipient, be advised that unauthorized use of information is strictly prohibited. If you have received this transmission in error, please notify Bloodworks by telephone immediately to arrange for return or destruction of the forwarded documents.

REQUEST FOR BLOOD & BLOOD COMPONENTS

Explanation of items on the front of the form

Patient Profile: no current blood/component order, set up BW Patient Profile only with special attributes:

- Check the Patient Profile box to set up a patient profile in the BW computer database to establish required special attributes/modifications (i.e. CMV negative, irradiated, volume reduced, washed) for a particular patient for future blood component orders. This option is provided to allow required special attributes/modifications to be defined for a patient before components are ordered to help ensure future component orders include the correct required special attributes. All future orders will contain these special attributes/modifications even if they are not indicated on the orders. An attribute/modification may be removed from a patient's record only by a specific order from the patient's medical provider to BW to remove the attribute/modification.
- Indicate special attributes/modifications required on the Patient Profile by checking all applicable boxes listed in the Patient Profile box.
- The patient identification information entered into the BW Patient Profile will be exactly as received on this request.

Other:

	Record # of Units Needed			Specify # of Units, Date, and Time Needed	
	Emergency Uncrossmatched <small>Physician justification required. Specimen required</small>	Emergency Crossmatched <small>Pretransfusion testing completed prior to release</small>	Routine <small>Release within 4 hours after receipt of sample at BW</small>	<input type="checkbox"/> Patient waiting in clinic (ASAP)	
				# of Units	Date & Time Needed
Other (see back of form) RBCR, Leukoreduced		2			
Other (see back of form) Pooled Plasma for Pheresis				2L	12-08-2014 1400

Write the product name or abbreviation in the "OTHER" box on the front of form.

Indicate the number of units required in the appropriate time needed box.

Place a check mark in the appropriate boxes for any required attributes.

The Following "Other" components require type and crossmatch testing:

- **Granulocytes (GRANS):** Must receive Prior Bloodworks approval
- **Red Blood Cells Resuspended, Leukoreduced (~ 500 mL) (RBCR):** Intended for neonatal whole blood exchange only.

The Following "Other" components do not require type and crossmatch testing:

- **Platelets Apheresis, Matched [HLA or Family - (MAP)]:** Must receive Prior Bloodworks approval.
- **Pooled Plasma for Pheresis:** Order by volume (0.5 to 10 L). Specific volume is required.
- **Cryo-Poor Plasma Pooled (CPPP):** Order by volume (0.5 to 10 L). Specific volume is required.

Attributes/Modifications:

- When attributes/modifications are selected with blood component orders, these are added to the BW patient profile.
- All future orders will contain these special attributes/modifications even if they are not indicated on the current orders.
- An attribute/modification may be removed from a patient's record by utilizing the "Patient Profile" section on the front of this form.

Adult Standard Dose:

- Platelets
 - Pre-storage Pooled Platelets = platelet count of 2.8 to 5.8×10^{11} .
 - Apheresis Platelets = a platelet count of $\geq 3.0 \times 10^{11}$.
- Cryoprecipitate
 - "Standard Dose" is the number of units pooled in each bag to reach a Factor VIII level of at least 400 IU, and a fibrinogen at least 750 mg per dL. Per the Circular of Information, assume 80 IU of Factor VIII and 150 mg of fibrinogen for each unit of Cryoprecipitated AHF (i.e., 400 IU Factor VIII and 750 mg per dL). The standard dose will yield an estimated rise in plasma fibrinogen of 37 mg per dL.