



Sites External to Urban CLS TM Supply Request

SITE: _____ **Date:** _____

Requested by (print contact name): _____

Contact Phone number: _____

Available from Data Group:
Pretransfusion Testing Requisitions (REQ9004TM) packages of 50
RTSIS Form (CAL 0997) packages of 50

SUPPLY REQUEST LIST			
Specimen Referral Items	Qty	Pretransfusion Testing Items	Qty
TM Specimen Referral (TM2089) (Available on CLS Website)	Each	RTSIS Wristbands (yellow)	Each
Specimens Enclosed Labels (TM2107)	Sheets of 4	Identification Band for Pretransfusion Blood Testing (TM2027)	Pads of 50
Notification of Adverse Reactions Form (TM2034)	Each		
Tamper-evident seals for blood transport boxes	Each		

Fax completed form to

NAME: TM Medical Laboratory Assistants
COMPANY: FMC Transfusion Medicine
TELEPHONE NUMBER: 403-944-4398
FAX NUMBER: 403-270-7205

As per AHS policy, all faxes must include a fax coversheet.

For FMC TM use only
Supplies sent by:
Date sent:
Sent via: