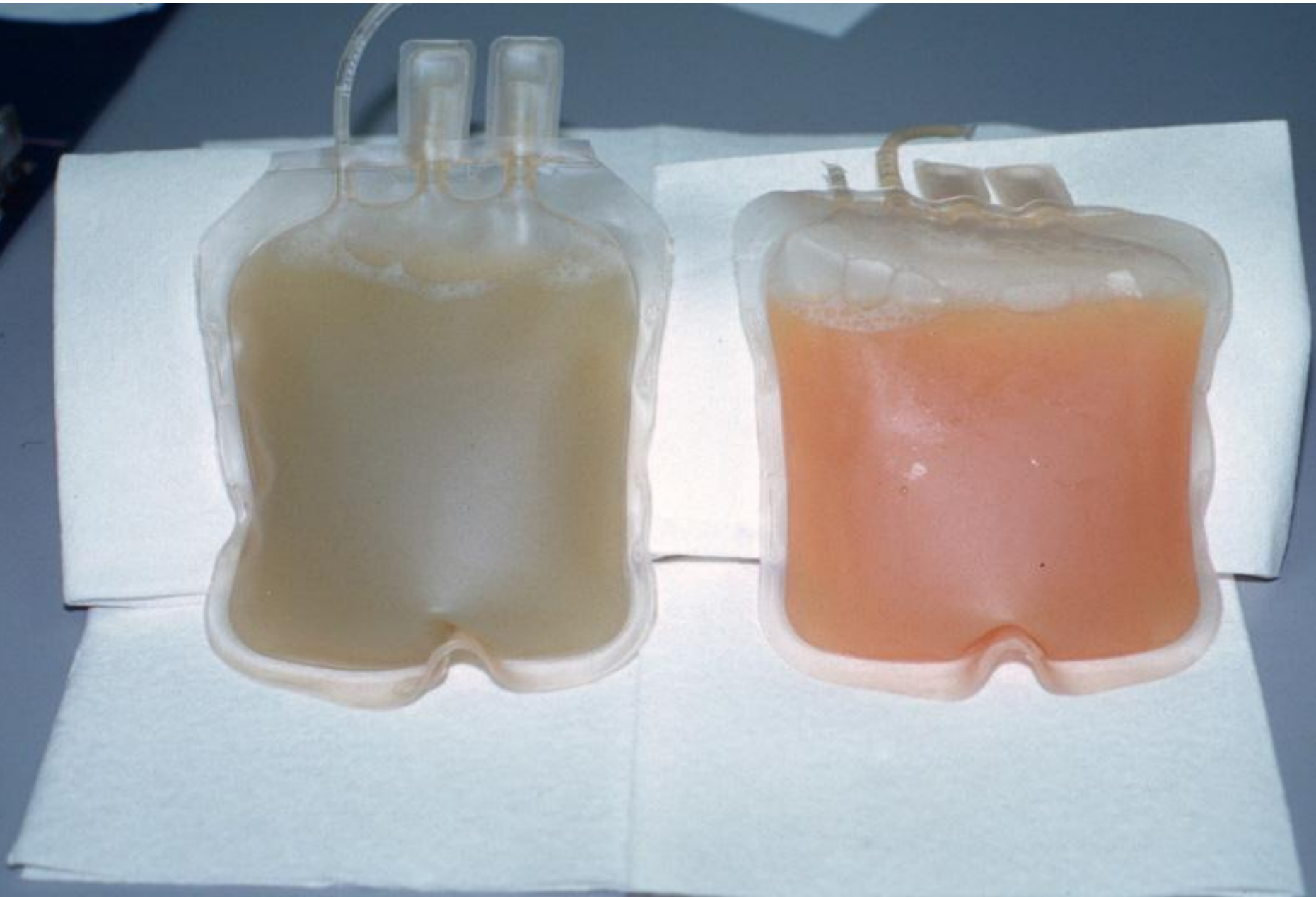


# Acceptable Plasma Example (1)



# Acceptable Plasma Example (2)





## **Carter BloodCare Platelet Apheresis Tag**

### **Do Not Pool Until Ready to Transfuse**

To pool into one bag:

- Release blue clamp on tubing of both bags
- Raise bag **without** ABO label above the other bag **with** ABO label
- When platelet contents are completely transferred, re-clamp a blue clamp on at least one of the bags to ensure platelets remain in ABO labeled bag

Dating Period:


- Once pooled, product should be transfused within 4 hours.

Open Expiration Date/Time:

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Carter BloodCare  
Effective Date: 09/23/2016

HSL200  
Version: 01

Name or ID # _____	 <b>Carter BloodCare</b> <a href="http://www.carterbloodcare.org">www.carterbloodcare.org</a> 2205 Highway 121, Bedford, TX 76021 <b>Testing &amp; Labeling Dept.</b> <b>817-412-5731</b>
Hospital _____	
Address _____	
Phone # _____ Fax # _____	
Physician _____	
Date Drawn _____	
Time Drawn _____	DIN (check digit or barcode required)

Code	Test Description	Code	Test Description	Other – Please document name of test
B5002	<input type="checkbox"/> Processing Profile	B5004	<input type="checkbox"/> HIV-2 Ab	
NA	<input type="checkbox"/> HCTP Profile	B5006	<input type="checkbox"/> HTLV I/II	
B5017	<input type="checkbox"/> STS	B5003	<input type="checkbox"/> HIV-I Confirmatory	
B5010	<input type="checkbox"/> HBsAg	B5018	<input type="checkbox"/> CMV Ab	
B5011	<input type="checkbox"/> HB core Ab	B5009	<input type="checkbox"/> STS Confirmatory	
B5013	<input type="checkbox"/> HCV Ab	B5008	<input type="checkbox"/> HBsAg Confirmatory	
B5014	<input type="checkbox"/> HTLV-I/II Ab	B9408	<input type="checkbox"/> T. Cruzi Test Chagas Disease	
B5015	<input type="checkbox"/> HIV-1/HIV-2 Combo	B5007	<input type="checkbox"/> HCV Supplemental	
NA	<input type="checkbox"/> WNV NAT	B9104	<input type="checkbox"/> HIV/HCV/HBV NAT	