

Hoxworth Blood Center 3130 Highland Avenue Cincinnati, OH 45267-0055	Completed	
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Daily Inventory		

HOSPITAL _____

Date _____

Type	O+		O-		A+		A-		B+		B-		AB+		AB-	
	XM	UM	XM	UM	XM	UM	XM	UM	XM	UM	XM	UM	XM	UM	XM	UM
# OF P.C. UNITS																
15 DAYS OR LESS																

FFP				
TYPE	O	A	B	AB
ORDER				

SPECIAL ORDERS

Please complete daily and transmit to the Product Management Department of Hoxworth Blood Center

Email: hoxprdmgmt@uc.edu

Fax: 513-558-1534; Voice: 513-558-1539