

LAB21081 Plasma Products

Performing Location(s)

BMC

Requisition Required

Laboratory Requisition #3

Be sure to specify:

Date, Time, and Location of transfusion

Number of Units

Indications for use

Other Requirements

Patient must have an ABO/Rh type on file. If the patient does not have an MIBH blood type a **Type and Screen** must be ordered.

Turnaround Time

30 minutes

CPT Code

If product is transfused, HCPCS code specific for product ordered in addition to MIBH Unit Thawing Fee (CPT: 86927)