

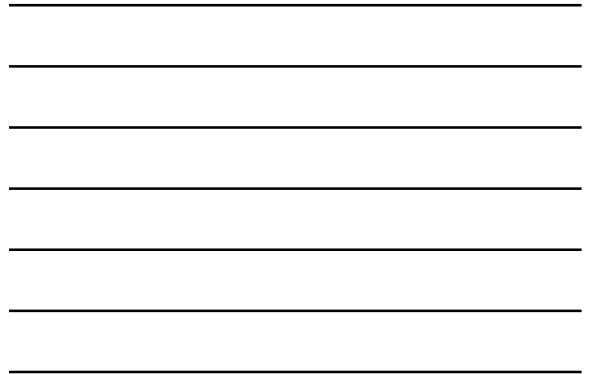
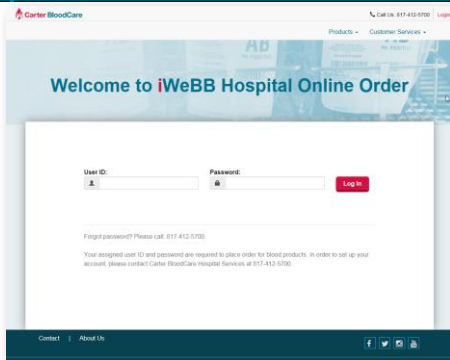


iWeBB Hospital Orders

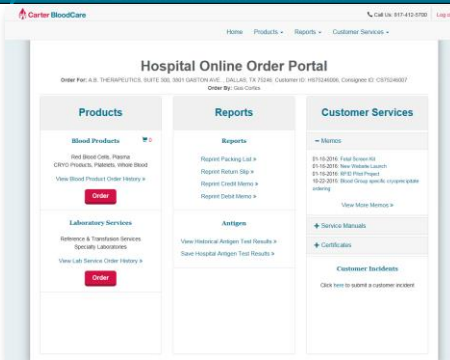
Hospital Forum - 2016



iWeBB Hospital Orders



iWeBB Hospital Orders - Landing



iWebB Hospital Orders – Blood Orders

Blood Product Order

Order Operation Hours: Monday - Friday: 8:00 AM - 6:00 PM
Order For: A.B. TERESA/PERDUE, SUITE 506, 3051 GAYLOR AVE., DALLAS, TX 75246. Customer ID: H87824000. Company ID: C97046897
Order By: Gail Carter

Red Blood Cells

- L8BC: Leuko-Reduced Red Blood Cells [Select](#)
- L8BC: HemoLite Leuko-Reduced RBC [Select](#)

Platelets

- LPPL1: Leuko-Reduced Apheresis Platelets [Select](#)
- LPPL1: HemoLite Leuko-Reduced Apheresis Platelets [Select](#)

Plasma

- FPF: Fresh Frozen Plasma [Select](#)
- CPPL3: Cryo-Reduced Plasma [Select](#)
- FPFD: Fresh Frozen Plasma - Double [Select](#)

CRYO Products

- PCRYO: Plasma Cryoprecipitate [Select](#)
- CRYO: Cryoprecipitate [Select](#)

Whole Blood

- L8WB: Leuko-Reduced WB [Select](#)
- L8WB: HemoLite Leuko-Reduced WB [Select](#)
- RCWB: Recombinant Whole Blood [Select](#)

iWebB Hospital Orders – Blood Orders

Blood Product Order

Order Operation Hours: Monday - Friday: 8:00 AM - 6:00 PM
Order For: A.B. TERESA/PERDUE, SUITE 506, 3051 GAYLOR AVE., DALLAS, TX 75246. Customer ID: H87824000. Company ID: C97046897
Order By: Gail Carter

LPPL1: Leuko-Reduced Apheresis Platelets

BLOOD TYPE	QUANTITY	ATTRIBUTE	COMMENTS
O Neg	1	<input type="checkbox"/> DMW Negative	
O Neg	1	<input type="checkbox"/> DMW Negative	
B Pos	1	<input type="checkbox"/> DMW Negative	
O Neg	1	<input checked="" type="checkbox"/> DMW Negative	
AB Pos	1	<input type="checkbox"/> DMW Negative	
O Neg	1	<input checked="" type="checkbox"/> DMW Negative	
A Pos	1	<input type="checkbox"/> DMW Negative	
A Neg	1	<input type="checkbox"/> DMW Negative	

Order Priority: [Select](#)

[Cancel](#) [Add To Cart](#)

iWebB Hospital Orders – Special Orders

Special Orders

Patient ID: 14732111 [Search Existing Patient](#)

Patient Name: O'Neil, Kileen Middle Name

Patient DOB: 5/27/1985

Ordering Physician: 19909898

Current Diagnosis and Medication:

Transfusion History:
Has the patient transfused within last 3 months? No Yes Unknown

Pregnancy History:
Has the patient ever been pregnant? Yes No Unknown

Currently? No Yes

Was HBIG given? No Yes

Date of HBIG administration: 6/10/2014

Patient Comments:

[Next](#)

SAMPLE INFORMATION

iWebB Hospital Orders – Special Orders

Order For: A.B. THEBARDEN/PTCS, SUITE 500, 3001 GASTON AVE., DALLAS, TX 75248, Customer ID: H8784808, Company ID: C831038887

SAMPLE INFORMATION

Are you sending a sample with this order? No Yes

Order Collected By:

Collection Date: Collection Time:

Carrier Method:

Blood Bank ID Number:

Sample Comments:

[Next](#)

SPECIAL LAB TEST REQUESTED

PRODUCT REQUESTED

ORDER PRIORITY AND RESULTS OF YOUR FINDINGS

iWebB Hospital Orders – Order History

Lab Services Order History

Order For: A.B. THEBARDEN/PTCS, SUITE 500, 3001 GASTON AVE., DALLAS, TX 75248, Customer ID: H8784808, Company ID: C831038887

Order By: Gus Carter

Go to Blood Product Order History [Back To Home](#)

Search By: Date Quick Date Selection From Date: 03/03/2018 To Date: 03/20/2018 [Return](#)

ITEM	ORDER NO	PATIENT ID	STATUS	ORDER DATE	ORDER BY	ACTION
1	SP-0326-001	34132511	Ordered	03-29-2018 10:44	Gus Carter	View Details
2	SP-0326-002	801054	Ordered	03-29-2018 10:40	Ken O'Neil	View Details
3	SP-0326-001	801054	Ordered	03-29-2018 10:34	Ken O'Neil	View Details

Page 1 of 1 10 per Page

[Back To Home](#)

iWebB Hospital Orders – Edit Orders

Lab Service Order

Order For: A.B. THEBARDEN/PTCS, SUITE 500, 3001 GASTON AVE., DALLAS, TX 75248, Customer ID: H8784808, Company ID: C831038887

Order By: Gus Carter

Review Your Lab Service Order [/ Edit](#)

PATIENT INFORMATION

Patient ID: 34132511

Patient Full Name: OLGA ELLEN

Patient DOB: 5/3/1955

Ordering Physician: WHITENBERG

Current Diagnosis And Medication:

Transfused within Last 3 Months?

Number of Programs:

Patient Has Blood Programs:

Currently Programmed:

Was RWD Given: Date of RWD Administration: 6/8/2014

Patient Comments:

SAMPLE INFORMATION

Sending Sample With Order:

Carrier Method:

Sample Comments:

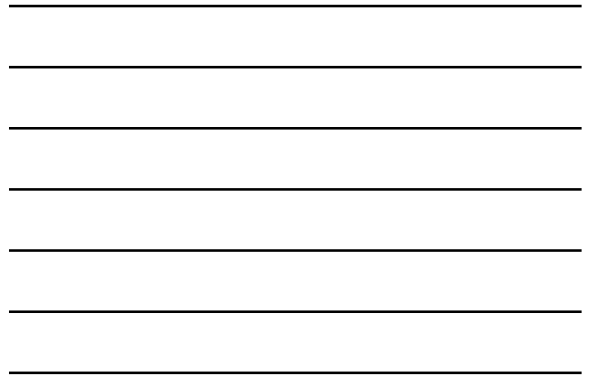
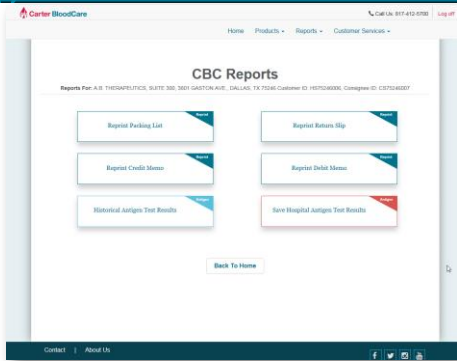
SPECIAL LAB TEST REQUESTED

Special Lab Testing:

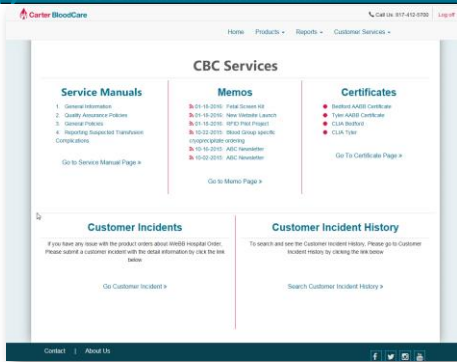
PRODUCT REQUESTED

Product Type:

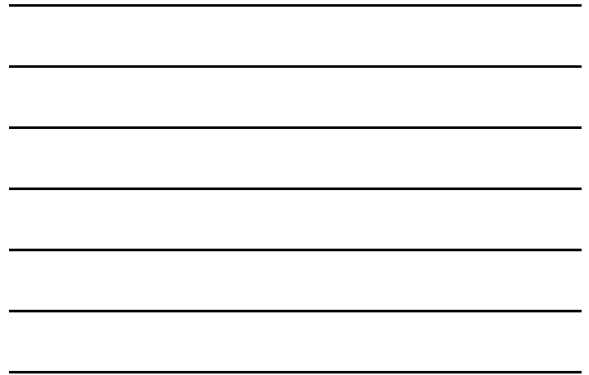
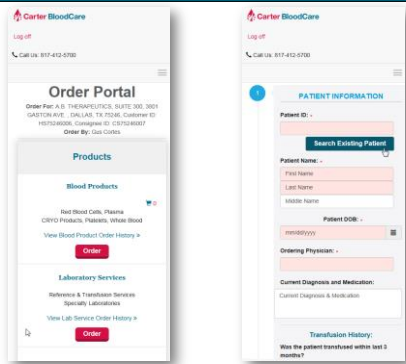
iWeBB Hospital Orders - Reports



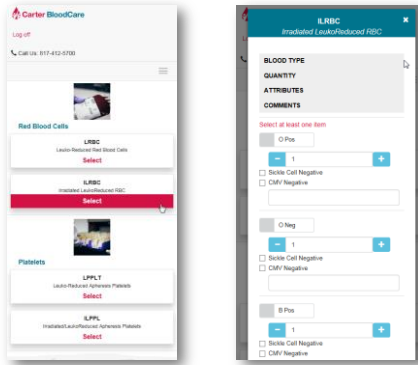
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iWeBB Hospital Orders - Mobile



iWeBB Hospital Orders - Mobile



iWeBB Hospital Orders



Questions?

Gus Cortes
gcortes@carterbloodcare.org
