

**Transfuse Cryoprecipitate**

N/A

<b>Alternate Name:</b>	Pooled Cryo Single Donor Cryo
<b>Performing Lab:</b>	New Hanover and Cape Fear
<b>Specimen Container:</b>	No specimen
<b>Minimum Volume Required:</b>	N/A
<b>Testing Availability</b>	<b>Routine:</b> N/A <b>Stat:</b> N/A
<b>Turnaround Time:</b>	1 hour
<b>Special Handling:</b>	None
<b>Patient Preparation:</b>	None
<b>Specimen Stability:</b>	
<b>Reference Range:</b>	N/A
<b>Critical Value:</b>	N/A
<b>CPT Code:</b>	
<b>Testing Methodology:</b>	N/A
<b>Causes for Specimen Rejection:</b>	N/A
<b>Other Comments:</b>	Patient must have a blood type on record in the Blood Bank. If no record exist, an ABO/Rh must be ordered and a specimen drawn.
<b>Clinical Significance:</b>	N/A