



1200 N. Highland Avenue
Aurora, IL 60506
www.heartlandbc.org

Autologous Donor Program

Information and Request Form

The Autologous (Self) donor Program of Heartland Blood Centers allows patients to donate their own blood to meet the anticipated transfusion needs for **planned** surgeries. However the use of autologous blood has decreased dramatically over the years due to the fact that donor screening protocols and very sensitive blood tests were developed to reduce the risk of transmission of hepatitis and HIV (the risk of HIV transmission through shelf blood is about 1 in 2,000,000). Collection of autologous units is no longer a standard practice.

Donor Suitability

It is the responsibility of the patient's physician and the medical staff of Heartland Blood Centers to determine whether the patient's health will permit the patient to donate safely.

As soon as possible after the decision for surgery is made, please complete the last 2 pages of the "Request for Autologous Blood" form on the back of this brochure. Patients should then contact any of the following Heartland Blood Centers donor centers to schedule an appointment for their donation. Autologous donations are drawn at the following sites: Aurora, Tinley Park, Crystal Lake, DeKalb, Joliet, Winfield, Naperville and Highland, IN. Refer to website www.heartlandbc.org for specific center locations and hours of operations.

Nearly anyone who is scheduled to undergo a planned surgical procedure that may require the transfusion of blood is eligible to participate in the Autologous Donor Program. However, for the safety of autologous donors, certain guidelines must be followed:

The autologous donor shall not have any heart diseases or other condition which may cause adverse reaction during blood donation.

There are several contraindications to autologous donations:

1. Aortic stenosis.
2. Heart Attack (myocardial infarction) within the past 6 months.
3. Anemia with hemoglobin level less than 11 g/dL or hematocrit less than 33%.
4. High blood pressure greater than 180/100 mm Hg.
5. Active infection or treatment with antibiotics.
6. Seizures within the past 6 months.
7. Patient's weight less than 83 pounds.

Note: In the event the autologous patient is not able to understand the donation procedure or answer reliably the medical history questionnaire given before donation, a legal representative of the patient must be available to provide appropriate medical information and/or donation authorization in case of need.

Frequency of Donations

The patient may donate one time prior to surgery, as the standard 8 week deferral period after donations is applicable for the autologous donor. The donation must be made at least four days prior to the date of surgery.

On the day of donation, the patient will be given a mini-physical. A medical history, blood pressure, pulse, temperature, and a small sample of blood to test for anemia will be taken. If the patient passes this mini-physical and meets the suitability criteria, a unit of blood will be drawn. This process will take approximately one hour.

Adverse Reactions

Although rare, a donor may experience an adverse reaction during blood collection or within a few hours (rarely as late as 18 hours) after blood drawing. These reactions include, but are not limited to: bruising, inflammation of the vein, dizziness, weakness, fainting with loss of consciousness or seizure, nerve damage, vascular injury/muscle or tissue damage, infection, blood clot formation, and decrease in iron or blood hemoglobin. Some reactions may preclude any further autologous donations. In this and other instances, blood from the community blood supply may be needed for the patient's surgery.

To prevent reactions, it is recommended that the donor has something to eat within the two hours preceding the donation.

Pregnant women should be aware that adverse reactions such as anemia or hypotension may also affect the fetus. Also, freezing blood is not recommended for high risk pregnancies, as frozen blood may not be available for transfusion in case of emergency.

What Happens to the Blood

A special autologous label with information linking the unit to the patient is affixed to the blood bag. Components requested by the physician retain the special autologous labeling information, and upon meeting testing and processing requirements are delivered to the hospital where the surgery is scheduled.

Usually, unused autologous units are discarded upon their expiration. However, for a **medically** demonstrated need (such as patients with extremely rare blood types or with multiple red cell antibodies for which no compatible blood may be found) and upon the physician's written request, red blood cells may be frozen and stored for a maximum of six months if the patient has a scheduled surgery. There is an additional fee for this storage. Before use, frozen blood is thawed and washed, and must be transfused within 24 hours. Occasionally, a nationwide shortage of glycerol may occur. During these periods, Heartland may restrict the freezing of autologous red blood cells until a safe inventory of glycerol solutions is restored.

Charges for Autologous Units

As the Autologous Donor Program requires the services of many trained professionals, special handling of the blood, and additional paperwork, the processing charges for each autologous unit are higher than for other donated blood. Since the blood components requested by the patient's physician are held for the exclusive use of the patient, these charges are assessed even if the blood is never transfused. There are additional charges for shipping the units out of Heartland's service area and for freezing and washing units in the event that option is needed. Health insurance (including Medicare) may **not** cover processing fees for autologous blood.

Transfusion Outside the Heartland Blood Centers' Service Area

Drawing of autologous units to be transferred to hospitals outside the Heartland service area needs to be approved by Heartland Hospital Services. **Shipping and processing fees may have to be prepaid for these units.** Whenever autologous blood needs to be shipped to other blood centers, patients are responsible to make arrangements in advance with these centers to assure they will accept these shipments. **Important note:** Autologous units testing **reactive for infectious disease markers** will not be shipped outside of Heartland's service area. **These units will be discarded.**

All questions regarding this program may be directed to Heartland, Special Donor Services, at (630)892-7055.

Please refer to our website www.heartlandbc.org.

Call one of the centers that collect autologous donations to schedule your donation. The request form must be completed to schedule an appointment.

CARDIAC CLEARANCE (must be completed if patient has any heart disease/condition)
The afore mentioned patient has the following heart disease/condition(s):

1. _____
2. _____
3. _____
4. _____
5. _____

Note: Patients with heart disease/condition will NOT be drawn if clearance is not obtained in writing from the ordering physician.

By authorizing autologous donation, the physician has determined that the patient is stable enough to tolerate blood donation without ill effects.

PHYSICIAN INFORMATION

I authorize autologous donation for this patient.

Physician Signature

Date

 - -

Last Name (please print)

Area Code

Office Phone

 -

Extension

First Name

Middle Init.

Area Code

Fax Number

 -

Office or Clinic Name (as appropriate)

Street Address

E-Mail

City

State

Zip Code

PATIENT CONSENT

I have read the Autologous Donor Program brochure and I understand the conditions and limitations of the program. I understand that I must provide an ID containing my legal name, address, and date of birth; failure to do so may result in my blood not being available for my surgery. If an incomplete unit of blood is collected or an adequate amount of blood is not available for complete testing, no tests will be done on my blood and the unit collected will be discarded. I consent to the donation of my blood on those terms. I accept responsibility for the processing costs if not covered by insurance.

Patient Signature

Date

 - -