

AUTOLOGOUS DONATION PRESCRIPTION FORM



PLEASE PRINT OR TYPE. ENTIRE FORM MUST BE COMPLETED TO PROCESS ORDER.

RECIPIENT INFORMATION				
Instructions: Record the patient's complete name in the Last, First, and Middle fields. Record the patient's birth date in mm/dd/yyyy format. Indicate the patient's gender. Record the patient's ABO Group/Type (optional). Indicate if the patient currently sees a cardiologist. If YES record the name of cardiologist and office phone number.				
Patient's Complete Name			Birth Date	Gender
Last	First	Middle		<input type="checkbox"/> Male <input type="checkbox"/> Female
Patient's Home Phone		Alternate Phone	ABO Group/Rh Type (optional)	
Does patient currently see a cardiologist?		If YES		
<input type="checkbox"/> YES <input type="checkbox"/> NO		Name	Office Phone	

PRODUCT INFORMATION	
Instructions: Record the number of units requested per product. If 0, leave blank. Record any additional information pertinent to the collection of the product(s) ordered.	
Number of Products Requested	Product Type
	Leukoreduced Whole Blood (LWB)
	Red Blood Cells (RBC)
	Fresh Frozen Plasma (FFP)
Additional Information	

INSTITUTIONAL INFORMATION		
Instructions: Record the name of the hospital, the date product(s) needed, and the procedure.		
Hospital	Date Needed	Procedure

ORDERING PHYSICIAN INFORMATION		
Instructions: Record the ordering physician's name and office phone number. Record the office contact person's name. Ordering physician must sign below.		
Physician Name	Office Phone	Office Contact Person
Ordering Physician's Signature		

OTHER INFORMATION	
Instructions: Indicate the appropriate answer to both questions below.	
If the patient needs more units of blood than can be provided through autologous donation, are directed donations requested?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Whole Blood Orders Only: If directed donors are whole blood incompatible, are red blood cells acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO

TO ARRANGE FOR DONATIONS
The fastest method of ordering is via fax at 414-933-6833 or email to SPSAlerts@versiti.org . Blank forms may be obtained by visiting the Versiti website: www.versiti.org → Medical Professionals → Specialty Products & Services → BloodCenter of Wisconsin → Autologous & Directed Blood Donations → Autologous Donation Prescription Form
If you are unable to obtain a form online, contact Special Patient Services at (414) 937-6188 or 1-800-525-1388 (toll free) and a form will be faxed to you. All prescriptions must be signed by the ordering physician. Please advise your patient that Versiti will contact them to arrange an appointment.