

Autologous or Directed Donation Request

Patient Information: Physician's Office to complete

Insert Hospital Label for Recipient or complete:
 Name: _____
 D.O.B: _____
 Medical Record #: _____

Address: _____
 City/State/Zip: _____
 Home Phone: (_____) _____
 Work Phone: (_____) _____

Gender: Male Female **Patient Height:** _____ **Patient Weight:** _____

Type of Surgery / Diagnosis _____ Surgery Date / Date Needed _____

Hospital _____ Address _____ State _____ Zip _____

	Exact Number of Auto Units	Exact Number of Directed Units	Unit Modifications <i>(Check all needed)</i>
RBC leukoreduced			<input type="checkbox"/> CMV Negative <input type="checkbox"/> Irradiated <input type="checkbox"/> Other _____
FFP			
Platelet apheresis			
Other:			
Patient ABO/Rh Type _____ Restrict donors to patient's ABO/Rh type? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Must have patient blood type for directed order.) (If "no", then center will release ABO compatible donations)</small>			

I have discussed the use of autologous blood with my patient. It is my medical opinion that this patient is in sufficiently good health to donate blood for his/her own use. If directed donations are requested above, I have discussed any pertinent issues (see reverse) with this patient and am authorizing the Blood Center to arrange these donations.

 Physician's Signature Date Phone

 Physician Name (Printed) Address

Blood Center Use Only: BBCS Pt #: _____ BBCS Donor #: _____
 Auto Order #: _____ Dir Order #: _____

Coordinator Name: _____ Telephone: _____

Comments: _____

RR: Initial entry completed by: _____ Initials / Date
 Second check completed by: _____ Initials / Date

Autologous Donor Program (Patient is donor)

It is the ordering physician's responsibility to evaluate whether the patient's health will permit them to donate safely. The average blood donation drops the donor's oxygen carrying capacity by 10 percent. In addition, the Blood Center will evaluate the patient/donor by asking a limited medical history and giving a mini physical which includes blood pressure, pulse, temp, and hemoglobin. Minimal acceptable hemoglobin is 11g/dL. Donors with significant cardiac history may require cardiac clearance.

The patient may donate as often as every 3 days and donate as late as 3 working days prior to the procedure; however, it is best to have donations completed 10 days prior to the procedure to allow the patient's red cell level to recover. AS-1 leukoreduced red cell products have a 42 day shelf life. If whole blood or CPD RBCs are ordered, the shelf life is 21 days.

If you are ordering two or more units of red blood cells (RBCs) and your patient has a hemoglobin Hgb 13.3 – 20.0 g/dL, female \geq 150 lbs or male \geq 130 lbs, and meets all other donor eligibility criteria they may be offered the RBC apheresis procedure. This format allows 2 units of RBCs with a shelf life of 42 days to be donated at a single donation episode.

Directed Donor Program (Patient chooses donors)

Points to consider in directed donations:

- **No significant evidence of directed blood being safer.**
- ABO group and Rh type of the patient is required to provide appropriate products.
- ABO group and Rh type of the donor is required if the donor is unwilling to have their donation put into the volunteer blood supply if they do not match the patient.
- Whole blood must be ABO group and Rh type specific (exception: Rh negative donations may be given to Rh positive and Rh negative patients).
- Encourage patient to choose previous blood donors or someone whose lifestyle they are comfortable with.
- More than one donation is possible from the same donor. Call the center for details.
- There is a slight increase risk of adverse reactions with the following donor-patient combinations:
 - Man (or his blood relatives) giving cellular products to his child less than 4 months of age.
 - Man (or his blood relatives) giving cellular products to a woman who has borne (or may bear) his children.
 - Woman giving plasma products to her biological child.
 - Woman giving plasma products to the biological father of her children or his relatives.
- Additional fee is added to each unit to cover special handling.
- Products from blood relatives of the patient must be irradiated before transfusion to prevent graft vs. host disease.
- Special product requests such as washing, irradiation and CMV seronegative must be specifically ordered.

If more blood is required than donated by the patient and family or friends, fully screened and tested blood will be available from the volunteer donor blood supply. Please note that infectious marker rates of volunteer blood donors from the midwest are among the lowest in the country.

Grand Rapids	Kalamazoo	Saginaw	Traverse City	Livonia
1036 Fuller Ave NE P 616-233-8642 F 616-233-8567	524 E Milham Road	1771 Tittabawassee Rd	2575 Aero Park Dr	13400 Stark Rd