



Autologous Donor Suitability Determination

Versiti Staff- Place Unit ID here on day of collection

Instructions: The requesting Transplant Center is responsible for completing all fields on this form. Suitability must be determined by a Transplant Center physician.

Autologous Donor Information

Complete this section for all donors.

Apply Hospital Label for Recipient or complete:

Name: _____

D.O.B.: _____

Medical Record #: _____

Date of Medical Evaluation: _____

Complete this section for donors who were Not Evaluated for Infectious Substances

Donor Not Evaluated for Infectious Substances

Versiti RN – Affix a **Warning Label** on Yellow Tie Tag and attach to each final product bag.

Complete this section for donors who have a Communicable Disease Risk

There is a communicable disease risk due to donor medical history and/or medical evaluation

There is a communicable disease risk due on Reactive Test Results.

List Reactive test results: _____

There is a communicable disease risk due to: _____

Versiti RN – Indicate the Communicable Disease Risk on the **Biohazard Warning Label** and affix to a Yellow Tie Tag and attach to each final product bag.

Donor Suitability Determination

Complete this section for all donors.

Donor's suitability has been determined by the requesting transplant center program based on criteria specified in 21 CFR Part 1271. After review of the testing, screening, and medical record, this donor is deemed to be:

Suitable

Not Suitable – See Comments section

Comments:

Signature of person who determined Suitability

Complete this section for all donors.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Blank spaces on this form indicate the item is Not Applicable.