



FORM P-156: AUTOLOGOUS DONATION ORDER FORM

This form must be completed and signed by the patient's physician prior to scheduling.

Patient's Last Name: _____ First Name _____ MI: _____
Date of Birth: _____ Address _____
Phone Number _____ Cell Number: _____ Work Number _____
Hospital _____ Date of Surgery _____
Address of Hospital _____ Patient's weight: _____
Type of Procedure _____

Number of unit(s) Needed
Packed Red Blood Cells _____ Fresh Frozen Plasma _____ Cryoprecipitate _____ Platelets _____

In general, patients considered well enough for general anesthesia can undergo autologous donation, however, patients with infection or UNSTABLE cardiac conditions may not be suitable candidates for autologous donations.

- 1. Is your patient being treated for an infection? YES NO If yes, explain _____
2. Does your patient have aortic stenosis? YES NO If yes, explain _____
3. Does your patient have angina? YES NO If yes, explain _____

DONATION SCHEDULING LIMITATIONS: All donations must be completed 14 calendar-days prior to the anticipated time of transfusion to ensure all testing is completed.
BLOOD COLLECTION PROTOCOL: If a phlebotomy is unsuccessful, your patient will be rescheduled at the discretion of the collection site staff and Patient Services nurse. If we are unable to collect any units or if number of units collected is less than number of units ordered, your office will be notified. If your patient is unwilling to accept blood from the bank blood, your office will be notified.

Physician Signature _____ DATE _____
Phone Number _____ Fax Number _____

APPOINTMENTS FOR BLOOD DONATION:
Appointment #1 _____
Appointment #2 _____

- INSTRUCTIONS
• Picture ID Required
• Allow one hour for your appointment
• Bring a list of your medications
• Eat a nutritious meal prior
• Increase fluids prior
• Call before coming in if you have cold/flu symptoms or you are taking an antibiotic for treatment of an infection.

Please fax the completed order form to: 563-823-8941