Autologous Donor Order Form Ref: 03-01-05

Appointments and Information: (650) 723-6667 FAX: (650) 723-8155

Incomplete Orders Will Not Be Accepted

Number and Type of Units Requested:			FOR INTERNAL SD DEPT. USE ONLY:		
Packed Red Blood Cells		1		CPD/AS1	
Other:		[]	CP2D/AS3	
Patient Name:			D	ate of Birth:	
Last	First	MI Dhana: D	ov <i>r</i>	Eve:	
Type of Procedure Scheduled:					
Surgery Transfusion Date:		IC	D (Code:	
Location for Transfusion: SHC LPCHS Other:					
PHYSICIAN AUTHORIZATION FOR AUTOLOGOUS COLLECTION					
Note: Stanford/LPCH Transfusion Service will <u>NOT</u> accept autologous units from patients known to be infected with HIV, HCV, or HBV, or positive on the blood bank testing for the following infectious agents: HIV, HBV, HCV, WNV, HTLV I/II, ZIKV and/or <i>T. cruzi</i> .					
Blood donation involves an acute loss of 10-15% of the patient's blood volume and may cause transient hypotension. Stanford Blood Center (SBC) requires authorization by a physician familiar with the patient's condition prior to performing phlebotomy for patients with the following conditions. Note that the failure to provide authorization at the time of ordering will cause delays in donation.					
SBC will make the final decision on donor eligibility at the time of donation. Patients with the following conditions will not be drawn:					
 Angina at REST within the past three months Requirement for supplemental O₂ except those with secondary polycythemia 					
I am familiar with the patient's condition and authorize SBC to perform one or more blood draws for autologous blood collection. This patient has a history of the following (check all that apply):					
 Current heart valve disease or congestive heart failure History of angina, MI, stroke, TIA, or heart surgery within the past year Pregnancy, currently or within the past six weeks Sickle Cell Trait (HgSA) 					
To minimize the risk of pre-operative anemia, SBC currently requires autologous donors to have a minimum hemoglobin level of 12.5 g/dL for women and 13.0 g/dL for men. However, as the ordering physician, you can consent to the lower acceptable limit of 11.0 g/dL by indicating below:					
 The lower hemoglobin limit at the time of donation is 12.5 g/dL for women and 13.0 g/dL for men. The lower hemoglobin limit at the time of donation is 11.0 g/dL. 					
Print Physician Name:	Phy	/sician Sign	atu	ıre:	
Date:Physician	Address:				
Physician Phone:	Ph	ysician Fax			
FOR BLOOD CENTER USE ONLY					
Collect Prepayment? Yes No (list reason under exception)					
Exception: Comments:					
Physician Contact Info. Verified by:		Date:			