Innovative Blood Resources
737 Pelham Boulevard
Saint Paul, MN 55114
Phone: 651-332-7321
Fax: 651-332-7029

Physicians Order Form for Autologous Donation

This form must be completed and signed by the patient's physician and transfusion services. Please forward a copy to Innovative Blood Resources (IBR). **NOTE: All sections (front and back) must be completed before order can be processed.**

Patient's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____ Gender: _____

Blood Type: _____ Participating Blood Bank: _____

Hospital at which surgery will be: _____ Date of Surgery: _____

Type of Surgery: _____

Answer the following:

1. Is the patient in good health, NOT ON ANTIBIOTICS, and a suitable candidate for the donation program? **Yes** **No**
2. Does the patient have any problems with their heart or lungs? **Yes** **No**

   _____
   If yes, please explain
3. Does the patient have a bleeding condition or blood disease? **Yes** **No**

   _____
   If yes, please explain
4. Has the patient had any recent infections or been on antibiotics? **Yes** **No**
5. Is the patient currently taking any anticoagulants or blood thinners? **Yes** **No**

   _____
   If yes, please list medications
6. Is the patient a female who is currently pregnant? **Yes** **No**

- All Autologous donations will be drawn as Whole Blood into a Leukoreduced AS-1 bag (CPD Double) with an outdate of 42 days

  Please specify number of unit(s): _____
- The blood center staff will schedule donations.
- Policies about donation interval and frequency;
  - Patient must wait at least 7 days between donations
  - Patient's last donation must be at least 7 working days prior to their surgery

_____ _____
Health Care Provider's Signature Date

_____ _____ _____
Health Care Provider's Printed Name Phone Fax

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Physicians Order Form for Autologous Donation

TO BE COMPLETED BY HOSPITAL BLOOD BANK OR TRANSFUSION SERVICES- PLEASE FILL OUT COMPLETELY

Patient: _____ Blood Type _____

Patient's Date of Birth: _____ / _____ / _____

Anticipated date of use: _____ / _____ / _____

Component Information:

- All Autologous donations will be drawn as Whole Blood into a Leukoreduced AS-1 bag (CPD Double) with an outdate of 42 days
- Patient's last donation must be at least 7 working days prior to their surgery

_____ _____
Transfusion Services Signature/Approval Date

_____
Transfusion Services Printed Name

For Innovative Blood Resources Use Only

IBR Physician Services Use Only

Physician Comments _____
_____
_____
_____

_____ Approved _____ Not Approved Frequency of Donation_____

_____ _____
IBR Physician Signature **Date**