

## REQUEST FOR AUTOLOGOUS BLOOD COLLECTION

### PART 1: Physician's Order (All items must be complete before blood can be drawn. Please Print Legibly)

I have explained the pros and cons of autologous transfusion to said patient and have advised him/her that he/she must sign a statement of consent for the procedure to be performed. Even though said patient may not meet the established criteria on medical history and physical examination for an allogenic blood donor, I authorize Marsh Regional Blood Center to evaluate the patient/donor for autologous donation and transfusion. I am unaware of any medical contraindications for this patient to pre-deposit autologous blood prior to surgery. **Bacteremia or treatment of possible bacteremia is a contraindication for autologous blood donation.** Therefore, I give Marsh Regional Blood Center permission to withdraw approximately 500ml of blood per donation from said patient.

**Please collect  units (approximately 500 ml each) for autologous transfusion.**

PATIENT'S NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

PATIENT'S ADDRESS

PATIENT'S PHONE

LOCATION OF INTENDED TRANSFUSION

DATE OF INTENDED TRANSFUSION

PHYSICIAN'S NAME

PHYSICIAN'S PHONE

**IMPORTANT NOTES (PLEASE READ BEFORE SIGNING):**

1. Products expire in 42 days.
2. Units will be packed red blood cells unless otherwise specified.
3. To insure availability of autologous blood at the time of surgery; a type and crossmatch must be ordered on the patient.
4. Units will not be routinely collected from patients/donors with hematocrit values less than 33%.
5. **If a patient has a history of stroke, significant pulmonary and/or cardiac conditions, the patient MUST be approved by Marsh Medical Director.**

SPECIAL INSTRUCTIONS

PHYSICIAN'S SIGNATURE

DATE

### PART 2: Patient's Statement of Consent

1. The advantages, nature and purposes of autologous transfusions, the risks involved, and the possibility of complication have been explained to me by my physician. I acknowledge such counseling. Among those specific aspects of autologous transfusion which were discussed with me were:
  - a. That mild anemia and/or decrease in my blood volume may result from frequent blood donation and that because of these possible changes, I should refrain from strenuous athletic events and hazardous occupations or endeavors between the time the first unit is drawn and the scheduled use for the pre-deposited units.
  - b. That I should contact either the blood center or my personal physician, should I feel faint, weak, and lightheaded or dizzy after donation.
2. I consent to withdrawal of blood by authorized members of the staff of the blood center for autologous transfusion purposes and further consent to such additional procedures pursuant to autologous transfusion as may be necessary or desirable. Should I not require transfusion of the blood withdrawn for autologous transfusion, I further consent to the disposal of my blood in any manner deemed appropriate.
3. I understand that all routine testing procedures will be performed on my blood. Should any of my test results for Hepatitis B, Hepatitis C, HIV, HTLV, Syphilis, Chagas Disease, WNV, or Babesia should be confirmed positive, I understand that my blood will not be acceptable for transfusion purposes and will be destroyed. Should the test results for any of the above-named tests be determined to be 'falsely positive', a written signed and dated request for the use of the blood must be received from my physician before the units(s) can be issued to the hospital. I hereby authorize Marsh Regional Blood Center to release information to the hospital and physician named above concerning reactive test results.

PATIENT'S SIGNATURE

DATE

**Locations:**

111 West Stone Drive, Suite 300  
Kingsport, TN 37660  
Phone: 423-408-7500  
Fax: 423-408-7540

350 Blountville Hwy, Suite 207  
Bristol, TN 37620  
Phone: 423-652-0014  
Fax: 423-652-0048

2428 Knob Creek Road, Suite 100  
Johnson City, TN 37604  
Phone: 423-282-7090  
Fax: 423-282-7099