



AUTOLOGOUS DONATION PRESCRIPTION FORM

PLEASE PRINT OR TYPE. ENTIRE FORM MUST BE COMPLETE TO PROCESS ORDER.

RECIPIENT INFORMATION

Instructions: Document the patient's **COMPLETE** legal name, birth date (MM/DD/YY format), and indicate gender in the appropriate fields below. Document patient contact phone number(s). Document the patient's ABO Group/Type (optional). Indicate if the patient currently sees a cardiologist or pulmonologist. If YES, document the name of cardiologist or pulmonologist and office phone number including area code.

| | | | | |
|--|------------------------|---------------|---|--|
| Patient's Complete Name | | | Birth Date | Gender |
| Last | First | Middle | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Patient's Home Phone | Alternate Phone | | ABO Group/Rh Type <i>(optional)</i> | Does patient have Sickle Cell? (frozen RBC's only) |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Does patient currently see a cardiologist? | | If YES | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | Name | Office Phone | |
| Does patient currently see a pulmonologist? | | If YES | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | Name | Office Phone | |

PRODUCT INFORMATION

Instructions: Document the number of units requested per product. If 0, leave blank. Document any additional information pertinent to the collection of the product(s) ordered.

| | |
|-------------------------------------|-------------------------------------|
| Number of Products Requested | Product Type |
| | Leukoreduced Red Blood Cells (LRBC) |
| | Other |
| Additional Information | |
| | |

INSTITUTIONAL INFORMATION

Instructions: Document the name of the hospital and the State, the date product(s) needed, and the procedure.

| | | | |
|-----------------|--------------|--------------------|------------------|
| Hospital | State | Date Needed | Procedure |
| | | | |

ORDERING PHYSICIAN INFORMATION

Instructions: Document the ordering physician's name and office phone number. Document the office contact person's name. Ordering physician must sign below.

| | | |
|---------------------------------------|---------------------|------------------------------|
| Physician Name | Office Phone | Office Contact Person |
| | | |
| Ordering Physician's Signature | | |
| | | |

All prescriptions must be signed by the ordering physician.

TO ARRANGE FOR DONATIONS

The fastest method of ordering is via fax at (414) 933-6833 or email to SPSAlerts@versiti.org.

We can be reached by phone at (414) 937-6188 or 1-800-525-1388 (toll free).

Please advise your patient that Versiti will contact him/her to obtain a brief health history and arrange an appointment.

TO OBTAIN NEW FORMS

Visit www.versiti.org → Products and Services → Specialty Products and Services → Autologous Donation Prescription Form

AUTOLOGOUS DONATION PROGRAM INFORMATION

The Autologous (Self) Donation Program of Versiti Wisconsin, Illinois, Indiana/Ohio, and Michigan, allows patients to donate their own blood to meet the anticipated transfusion needs for **planned** surgeries. However, the use of autologous blood has decreased dramatically over the years due to the fact that donor screening protocols and very sensitive blood tests were developed to reduce the risk of transmission of hepatitis and HIV. Collection of autologous units is no longer a standard practice.

Donor Eligibility

It is the responsibility of the patient's physician and the medical staff at Versiti Wisconsin, Illinois, Indiana/Ohio, and Michigan to determine whether the patient's health will permit the patient to donate safely.

As soon as possible after the decision for surgery is made, please review the information with the patient and complete the *Autologous Donation Prescription Form*. Autologous donations are drawn at the following sites: In Wisconsin and Indiana, all donor centers. In Ohio: Mill Run Center. In Illinois: Aurora, Tinley Park, Crystal Lake, DeKalb, Joliet, Winfield, Naperville and Highland. In Michigan: Grand Rapids, Kalamazoo, Saginaw, Traverse City, and Midland Dow Diamond. Refer to website <https://www.versiti.org/> for specific center locations and hours of operations.

Nearly anyone who is scheduled to undergo a planned surgical procedure that may require the transfusion of blood is eligible to participate in the Autologous Donor Program. However, for the safety of autologous donors, certain guidelines must be followed:

The autologous donor shall not have any heart diseases or other condition which may cause adverse reaction during blood donation.

There are several contraindications to autologous donations:

- 1 Unmanaged aortic stenosis.
- 2 Heart Attack (myocardial infarction) within the past 6 months.
- 3 Hemoglobin less than 12.5 g/dL for females and 13.0 g/dL for males
- 4 High blood pressure greater than 180/100 mm Hg.
- 5 Active infection with or without ongoing antibiotic treatment.
- 6 Seizures within the past 2 months.
- 7 Patient's weight less than 110 pounds.

Note: In the event the autologous patient is not able to understand the donation procedure or reliably answer the medical history questionnaire given before donation, a legal representative of the patient must be available to provide appropriate medical information and/or donation authorization in case of need.

Frequency of Donations

The patient may donate in an interval of 3 days between donations prior to surgery, as long as allogeneic hemoglobin level is met. The donation must be made at least seven days prior to the date of surgery.

On the day of donation, the patient will be given a mini-physical. A medical history, blood pressure, pulse, temperature, and a small sample of blood to test hemoglobin will be taken. If the patient passes this mini-physical and meets the eligibility criteria, a unit of blood will be drawn. This process will take approximately one hour.

Adverse Reactions

Although rare, a donor may experience an adverse reaction during blood collection or within a few hours after blood drawing. These reactions include, but are not limited to: discomfort, swelling and bruising at the needle site; fainting and convulsions; injury to blood vessels or nerves; infection; and local blood clot. Some reactions may preclude any further autologous donations. In this and other instances, blood from the community blood supply may be needed for the patient's surgery.

To prevent reactions, it is recommended that the donor has something to eat within the two hours preceding the donation.

What Happens to the Blood?

A special autologous label with information linking the unit to the patient is affixed to the blood bag. Components requested by the physician retain the special autologous labeling information, and upon meeting testing and processing requirements are delivered to the hospital where the surgery is scheduled.

Charges for Autologous Units

As the Autologous Donor Program requires the services of many trained professionals, special handling of the blood, and additional paperwork, the processing charges for each autologous unit are higher than for other donated blood. Since the blood components requested by the patient's physician are held for the exclusive use of the patient, these charges are assessed even if the blood is never transfused. There are additional charges for shipping the units out of Versiti service areas. Health insurance (including Medicare) may **not** cover processing fees for autologous blood and/or for additional processing as needed.

Transfusion Outside Versiti Wisconsin, Illinois, Indiana/Ohio, and Michigan Service Areas

Drawing of autologous units to be transferred to hospitals outside the service areas needs to be approved by Versiti Hospital Services. Whenever autologous blood needs to be shipped to other blood centers, patients are responsible to make arrangements in advance with these centers to assure they will accept these shipments. **Important note:** Autologous units testing **reactive for infectious disease markers** will be shipped depending on acceptance by the physician and transfusing facility. If not accepted, these units will be discarded.

**All questions regarding this program may be directed to Versiti
Special Patient Services, at
(414) 937-6188 or 1-800-525-1388 (toll free).**

Please refer to our website, www.versiti.org.

**Call the Versiti Special Patient Services Department to schedule your
donation. The *Autologous Donation Prescription Form* must be
completed to schedule an appointment.**