



Autologous Donor Suitability Determination

Versiti Staff- Place DIN here on day of collection

Instructions: The requesting provider or designee is responsible for determining donor suitability and completing all fields on this form. Please scan or fax the completed form to using state specific contact information below.

State	Address	Email	Phone	Fax
Wisconsin	638 N. 18 th St, Milwaukee, WI, 53233	WI-CellCollection@versiti.org	414-937-6154	414-933-6833
Michigan	1036 Fuller Ave NE, Grand Rapids, MI 49503	MI-CellCollection@versiti.org	616-233-8569	616-233-8671
Indiana	3450 N. Meridian St, Indianapolis, IN 46208	IN-CellCollection@versiti.org		

Donor Information

Apply Hospital Label or complete:

Donor Name:
 Date of Birth:
 Medical Record #:

Date of Medical
 Evaluation:

Donor Suitability Determination

After review of donor's medical record, health history, and lab results this donor is deemed to be:

- Suitable with no known Communicable Disease Risk
- Suitable and Not Evaluated for Infectious Substances*
 *Versiti Staff: Complete a **Warning Tie Tag** - Attach to each product bag.
- Suitable with Communicable Disease Risk*
 Versiti Staff: Complete a **Biohazard Warning Tie Tag - Attach to each product bag.

Reactive Test Results for:

Based on donor medical history - Document Reason:

Not Suitable for following reason(s):

Signature of Responsible Person who determined Donor Suitability

Print Provider Name:

Provider Signature:

Date: