



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 |
| <ul style="list-style-type: none"> • All Autologous donations will be drawn as Whole Blood into a Leukoreduced AS-1 bag (CPD Double) with an outdate of 42 days | | |
| <p>Please specify number of unit(s): _____</p> <ul style="list-style-type: none"> • The blood center staff will schedule donations. • Policies about donation interval and frequency; <ul style="list-style-type: none"> • 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



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

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