

HOW DO I DONATE BLOOD FOR MYSELF?

Autologous Donation Request

If you and your physician agree that you should donate your own blood to be available for your surgery, (AUTOLOGOUS TRANSFUSION), follow the steps listed below to make your donation(s):

1. Read, fill in and sign the patient's consent (Section 2 below).
2. **Have your doctor complete Section 1 and send it to MEDIC. Fax: (865) 521-2644**
3. Make an appointment to have your blood collected. Call (865) 524-3074 ext. 624 Mon. – Fri., 8 am – 4:30 pm.

DONATION GUIDELINES

If only one unit of blood is needed, collection should occur at least 30 days (no more than 35), before the transfusion. If two units are needed, MEDIC may consult with the physician to set up a schedule. A maximum of 2 autologous units will be drawn per procedure.

If the patient/donor is under 17 years old or the medical evaluation indicates, the blood may be drawn at a location other than a MEDIC donor center. MEDIC management will make the necessary arrangements.

It is recommended that the physician place the patient/donor on a daily iron supplement at least one week before the first drawing and continue taking the supplement until surgery (unless contraindicated).

MEDIC will collect, process and ship the donation to the hospital where the surgery will occur.

This form must be filled out completely and faxed to MEDIC or the unit(s) cannot be drawn.

Section 1: PHYSICIAN'S ORDER Autologous Donation Request		<i>Autologous donation should not occur if patient has bacteremia or a significant bacterial infection.</i> Is patient taking: (Please check the correct answer) Antibiotics? Yes () No () Blood thinner or anti-platelet med? Yes () No ()	
Patient's Name _____		Do not collect unit if Hgb is below _____	Patient/donor placed on iron supplement therapy Yes () No ()
Surgical Procedure _____		11.0 is FDA lower limit.	
Location of Intended Transfusion _____ <small>(Hospital name, city and state)</small>		Please collect _____ unit(s) RBCs have a 42 day expiration date	
Date of Intended Transfusion _____			
I have explained the pros and cons of autologous transfusion to the patient and have advised him/her that he/she must sign statement of consent for the procedure to be performed. Even though this patient may not meet the established criteria for allogeneic donors, I authorize the Chief Medical Officer of MEDIC Regional Blood Center to accept the patient/donor for autologous donation. I give my permission to MEDIC Regional Blood Center to withdraw approximately 480 mL of blood per donation from this patient.			
Physician's Name (Print)	Physician's Signature	Telephone No.	Date

Section 2: PATIENT/AUTOLOGOUS DONOR CONSENT

I acknowledge that my physician has counseled me regarding the advantages, nature and purposes of autologous transfusion, the risks involved, and the possibility of complications. I consent to withdrawal of blood for autologous transfusion purposes and related processes as may be necessary. Mild to severe adverse reactions may occur, to include dizziness, nausea and vomiting, bruising, fatigue, hematoma, an allergic reaction, loss of consciousness, nerve damage or arterial puncture. A mild anemia and/or decrease in my blood volume may result from frequent donations. I understand I should refrain from strenuous activities between the time of first donation and the surgical procedure. Although no problems have been reported, the safety of donation during pregnancy has not been fully established. I should contact MEDIC or my physician if I feel faint, weak, dizzy after donation. I understand that:

- 1) tests including those for syphilis, HIV-1/2 viruses, hepatitis B/C and other transfusion-transmitted diseases will be performed;
- 2) my doctor will be notified if any of these tests are abnormal;
- 3) certain test results will be reported to the health department and the hospital where I will have surgery;
- 4) there is an interval during early infection in which tests may be negative although an infection may still be transmissible.

Should I not require transfusion of my blood or blood components, I consent to its disposal as deemed appropriate by MEDIC. I understand that if surgery is canceled or postponed, I remain responsible for processing fees for units which are collected.

PATIENT'S NAME (Please Print)	DATE OF BIRTH	TELEPHONE NO.	
ADDRESS	SOCIAL SECURITY NUMBER (LAST 4)	PATIENT WEIGHT	
PATIENT'S SIGNATURE (or parent/guardian if a minor)			DATE SIGNED

Section 3: MEDIC USE ONLY:

PATIENT ID # _____ SPECIAL REQUEST ID # _____