

AUTOLOGOUS BLOOD DONATION

I. AUTOLOGOUS DONATION REQUEST FORM:

- A. Physician complete and sign Physician's Order section.
- B. Patient read, complete and sign Patient's Consent section. A Parental Consent Form is also required if the donor/patient is under 18 years of age.
- C. Fax or bring form to collection center. Unit cannot be drawn without a completed form. (Fax a copy of the form to 865-521-2644.)

NOTE: *If patient changes physician, a new Autologous Donation Request must be generated by the new physician. The original physician must release the unit and the new form be completely filled out and brought to MEDIC. A transfer will be necessary if the intended hospital for transfusion changes.*

II. AUTOLOGOUS DONATION GUIDELINES:

- A. If only one unit of blood is to be drawn, it is preferable that the drawing take place at least 30 days, but no more than 35 days, before the scheduled date of transfusion. This allows adequate time for the patient/donor's body to restore blood volume.
- B. If multiple collections within a short time period are needed, the MEDIC staff will consult with the attending physician and possibly the hematologist to set up an appropriate collection schedule. Maximum of 2 units per procedure may be drawn.
- C. If the patient/donor is under 17 years old or if the medical history evaluation so indicates, the blood may be collected at a location other than MEDIC donor centers. MEDIC management will make the necessary arrangements.
- D. It is recommended that the physician place the patient/donor on a daily iron supplement (unless contraindicated) at least one week before the first drawing and continue taking the supplement until surgery.
- E. MEDIC will collect the donation between 8:00 AM and 4:30 PM Monday-Friday. A minimum of 3 full working days are required to process the unit. The unit will then be transferred to the hospital where the transfusion will occur.

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III. PHYSICIAN NOTIFICATION OF AUTOLOGOUS PATIENT DONOR TESTING:

MEDIC notifies the autologous donor and the requesting physician of any test results that do not meet the established requirements.

This letter informs the physician of the testing that does not meet the established requirements, but the unit will be issued to the transfusion service, typically labeled as a biohazardous product. The physician's signature and acknowledgment of the receipt of notification is required before MEDIC can ship the unit.

IV. REQUEST TO FREEZE AUTOLOGOUS UNITS:

MEDIC has established the following standard procedures and guidelines for freezing autologous unit(s) of blood.

- A. All donor history and testing results must meet requirements for a unit to be frozen. No units with positive infectious disease testing, or a history of positive infectious disease testing or infectious disease diagnoses may be frozen. No unit may be frozen after its expiration date.
- B. All requests to freeze autologous unit(s) must be directed to the transfusing hospital by the ordering physician using the REQUEST FOR AUTOLOGOUS UNITS TO BE FROZEN form.
- C. The transfusing hospital must complete the REQUEST FOR AUTOLOGOUS UNITS TO BE FROZEN form and send a copy to MEDIC along with the unit(s) to be frozen and a completed BLOOD TRANSFER MEMO.
- D. Credit will be issued for the processing charges for the returned unit and the frozen unit processing charge will be billed. This charge includes the processing charge plus the freezing fee.
- E. Due to freezer space, MEDIC will hold unit(s) for a period not to exceed 6 months and discard any unit(s) that have not been deglycerolized for the patient/donor.