

AUTOLOGOUS AND DIRECTED PRESCRIPTION ORDER

TO THE PHYSICIAN:				
AUTOLOGOUS DONATION		DIRECTED DONATION		
<ul style="list-style-type: none"> A prescription is required for autologous collection Autologous donors must weigh at least eighty (80) lbs A minimum of: <ul style="list-style-type: none"> - 7 days is required between autologous donations - 14 days is required between the last autologous donation and the date of surgery (or anticipated date of use) Autologous donors with known HIV, HCV, HBV, WNV, HTLV, or T. Cruzi (Chagas) infections are not collected Autologous units that test confirmed positive or indeterminate for HIV, HCV, HBV, WNV, HTLV, or T. Cruzi (Chagas) virus are not released for transfusion Units that are to be frozen require a physician's prescription that includes a directive to freeze the product 		<ul style="list-style-type: none"> A prescription is recommended: <ul style="list-style-type: none"> -when the patient is less than two (2) years of age -for CMV negative platelet donations Male donors are <u>not</u> eligible to donate for their female partner capable of <u>and</u> intending to have children It is <u>recommended</u> to allow 3 days between collection and the intended date of use for unit testing, product processing and transport except when the requested product will expire sooner 		
PATIENT INFORMATION				
Patient Last Name		Patient First Name		
Patient Date Of Birth		Patient ABO/Rh <i>(Directed only, if known)</i>		
Last 4 SS# <i>(as applicable)</i>	_ _ _ _	Patient or Patient's Family Phone Number		
PHYSICIAN AND HOSPITAL/TRANSFUSION FACILITY INFORMATION				
Surgery Date or Anticipated Date of Use		Hospital/Transfusion Facility Name & Address		
Physician Name		Physician Phone and Fax Numbers		
PRODUCT(S) REQUESTED <i>(OneBlood provides RBCs, unless otherwise specified)</i>				
Enter Number of Products Requested >	Red Blood Cells (RBCs)	Cryoprecipitate	Plasma	Platelets
Other >				
SPECIAL CONSIDERATIONS <i>(mark all requested special considerations)</i>				
<input type="checkbox"/> CMV Negative Only	<input type="checkbox"/> Irradiate	<input type="checkbox"/> Freeze (Autologous Only)		
Other >				
Comments				
PHYSICIAN SIGNATURE <i>(physician or authorized medical professional requesting collection)</i>				
Signature			Date	
ONEBLOOD PRESCRIPTION REVIEW AND RSA ENTRY				
<input type="checkbox"/>	All required RX requirements present AND entered in RSA		Badge ID	
<input type="checkbox"/>	All required RX requirements NOT present AND physician / donor contacted		Date	

