

AUTOLOGOUS AND DIRECTED PRESCRIPTION ORDER

To the Physician:					
Autologous			Directed Donations		
<ul style="list-style-type: none"> A prescription is required before an 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 confirmed positive or indeterminate results for HIV, HCV, HBV, WNV, HTLV, or T. Cruzi (Chagas) are not collected Autologous units with positive results for HIV, HCV, HBV, WNV, HTLV, or T. Cruzi (Chagas) are not provided 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 <u>are 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 		
REQUIRED INFORMATION					
Patient Last Name			Patient First Name		
Patient Date Of Birth			SS# <i>(as applicable)</i>		
Physician Name			Surgery Date or Anticipated Date of Use		
Hospital or Transfusion Facility Name			Hospital or Transfusion Facility Address		
Product(s) Requested <i>OneBlood provides RBCs, unless otherwise specified</i>					
Number Requested	Product	Number Requested	Product	Number Requested	Product
	Red Blood Cells (RBCs)		Fresh Frozen Plasma		Platelet Apheresis
	Cryoprecipitate		Platelet		Whole Blood
	Other >				
Special Considerations <i>mark all requested special considerations</i>					
<input type="checkbox"/>	CMV Negative Only	<input type="checkbox"/>	Irradiate	<input type="checkbox"/>	Freeze <i>(Autologous Only)</i>
Other >					
Comments					
Signature of Physician <i>(or Authorized Medical Professional Requesting Collection)</i>				Date	
OneBlood Prescription Review & Entry	<input type="checkbox"/>	All required RX requirements NOT present AND physician / donor contacted		Badge ID	
	<input type="checkbox"/>	All required RX requirements present AND entered in RSA		Date	

