AUTOLOGOUS TRANSFUSION ORDER

Signed Physician's order must be faxed to STBTC no later than 15 days prior to scheduled transfusion date. Autologous donors must schedule donation appointment no later than 10 days prior to surgery/transfusion date. Failure to schedule an appointment can result in units not being available. Appropriate appointments for autologous donors will be made upon receipt of completed Autologous Transfusion Order.

Fax completed orders to San Antonio Headquarters, (210) 731-5501.

Date: _____ To: South Texas Blood & Tissue Center

(THIS PAGE TO BE COMPLETED BY PHYSICIAN)

PATIENT INFORMATION

STBTC Patient ID #: _____

Name: _____

Last First Middle Initial

Social Sec. No.: _____ Date of Birth: _____

Address: _____

Street Apt. # City State

Home Phone: (___) _____ Work Phone: (___) _____

Diagnosis: _____

Surgery Date: _____ Hospital: _____ City: _____

Patient Weight: _____

Does this patient have a history of bacteremia or any cardiac, renal, or respiratory disorders? ☐ Yes ☐ No

If Yes, explain:_____

Patient Current Medications: _____

PHYSICIAN INFORMATION

Name: _____ Office Phone: _____

Address: _____ FAX: _____

Physician Signature (or authorized designee): _____

Please check the component(s) required and indicate number of units:

Units Requested	Component
_____	☐ Packed Red Cells
_____	☐ Dual Red Blood Cells
_____	☐ Other: _____

Please check below for any special instructions or modifications:

Special Orders:	Component Modification:
☐ Whole Blood	
☐ Cryoprecipitate	☐ Freeze
☐ Other: _____	☐ Other: _____

COLLECTION RECORD

DATE	UNIT NUMBER	DATE	UNIT NUMBER