

Instructions for Physician Order Form for Autologous and Directed Blood Collection

1. Patient and Hospital Information Document patient's last name, first name, (no nicknames), middle initial (if applicable). Document patient's date of birth and the last 4 digits of social security number. If known, document patient's day and evening phone number.

REQUIRED INFORMATION: *Diagnosis:* Document patient's diagnosis, date of surgery/transfusion and reason for transfusion. *Transfusing Hospital:* Document the complete name, the city and the state.

2. Blood Products Order:

2a. Please indicate all products requested

Autologous Units: Document the number of units requested for autologous donation. Packed Red Blood Cells from Whole Blood will be provided. Document the number of units if Cryoprecipitate is required. Proceed to step 3, Ordering Physician Information.

Directed Units: Document the number of units next to "Packed Red Blood Cells". If applicable, document the number of units next to "Platelets by Apheresis", or "Fresh Frozen Plasma", proceed to step 2b.

2b Patient Type and Rh. For: Directed Donor Patient's Only.

Document the patient's ABO and RH. If it is unknown, the patient must be typed. This section **MUST** be completed. Units for the patient cannot be released without this information.

2c Request for Additional Services For: Directed Donor Patients Only Place a check in each box as per the physician's request.

Unless ABO match is specifically ordered, units that are ABO compatible will be sent.

2d Can blood relatives donate for this patient Yes_____ No_____ **must be checked** on all Directed Donor requests.

3. Ordering Physician Information: The following statement is included as per State of New Jersey Department of Health on all Autologous & Directed Physician's Order Forms. "*I have explained & advised this patient of the Autologous, homologous & directed donor transfusion options including potential risks.*" This is a State of New Jersey Requirement. Final approval and acceptance of the Autologous donor is the responsibility of the attending medical physician and the Blood Center's Medical Director.

The Physician MUST sign this form; a stamped signature will NOT be accepted. This is as per NJ State Department of Health. **Any forms received that are incomplete or have a stamped signature will be returned to your office to be done over and may result in a delay or cancellation of the donation.** Please complete the rest of this section including the Physicians' printed name, date, address, city, state, zip code office number and fax number.

Mail or Fax completed and signed form before the first donation. Fax (201) 444-1885. Thank you for your cooperation and assistance.