

SCAN COMPLETED ORDERS TO SpecialCollectionsStaff@NYBloodcenter.org

Instruction for Autologous Donation:

1. Complete the reverse side of this form for your patient.
2. Check that all of the information in the **Patient Information** section is complete and accurate.
3. Patient ID# may be the last four digits of the patient's social security number, passport number (if patient does not have a social security number) or hospital medical record number.
4. Patients with **cardiovascular, cerebrovascular, or hematologic medical conditions** must have medical clearance to enable their donation; *the ultimate responsibility for safety of donation lies with the ordering physician.*
5. Fax or mail the completed form to the New York Blood Center (NYBC). The patient must call NYBC to set up a patient file and donation appointment. See below for addresses and telephone numbers.
6. **For all donations:** official identification with signature, proof of age and/or photo is required.
7. **Autologous donors are eligible to donate if their hemoglobin is ≥ 11 gm.**

Instruction for Directed Donation: Directed donors are blood donors chosen by the patient.

1. Check that all of the information in the **Patient Information** section is complete and accurate.
2. Fax or mail the completed form to the NYBC. Call the NYBC to set up a donation appointment. See below for addresses and telephone numbers.
3. Patients who will receive blood from directed donors must be assigned surgery **patient numbers** by the NYBC Special Coordinator. Directed donors use the surgery patient number when they call the NYBC to set up a donation appointment. Directed donors will not be scheduled unless they present the surgery patient number. NYBC will not release this patient number to the directed donor(s). Only the patient or his/her representative initiating the directed donation process will have the patient number.
4. **For all donations:** official identification with signature, proof of age and/or photo is required.
5. **Directed donors are eligible to donate if their hemoglobin is ≥ 12.5 gm for females, and ≥ 13 gm for males, like all other allogeneic volunteer blood donors.**

Directed Donor Qualifications:

1. Directed blood donors must meet eligibility guidelines set for volunteer blood donors.
 2. Donors must be between 17 and 76 years of age (16 year olds may donate with parental/guardian consent), weigh at least 110 pounds, be in general good health and meet established health history standards.
 3. It is not recommended that a husband donate for his wife, if she is of childbearing age, as this may affect future pregnancies.
- Compatible Blood:** The directed donor's blood must be compatible with the patient receiving the transfusion.

Directed Donor Confidentiality:

If a directed donor blood donation product cannot be released, the recipient's physician will be notified of its unavailability. The physician will not be told the reason why it is not available. Donors will be notified only after confirmatory tests are completed in approximately 3-4 weeks. If the patient becomes ill from the transfusion, confidentiality of the directed donor may be compromised.

Surcharges:

There are surcharges for the multiple services needed to complete the donation. Donors are responsible for paying these surcharges. We will document our services to enable possible reimbursement from third party payers (i.e. insurance carriers) who may or may not reimburse these surcharges.

Surcharges may be refundable if the blood does not reach the hospital at the intended time (due to unforeseen circumstances) **only if** the donor donates within 5 business days (for Autologous Donations) or 7 business days (for Directed Donations) of the intended procedure for which the blood is needed.

Please clarify with our staff whether you will be eligible for a refund in specific circumstances.

Shipping Information:

Collection, processing, testing and shipping of blood requires a minimum of 5 business days for **Autologous**, and 7 business days for **Directed** blood for delivery to local hospitals and a minimum of 10 business days for out of state hospitals. We do not guarantee delivery if there are problems encountered with donor eligibility, results of laboratory testing, or private shippers needed for out of region deliveries. All blood delivered to the hospital or medical facility becomes the exclusive property of that hospital or medical facility. They have the unlimited right to use or dispose of the blood at their discretion.

Please send completed SIGNED form before the first blood donation appointment to:

New York Blood Center
Special Collections Department
1200 Prospect Avenue
Westbury NY 11590-2723
PHONE: 800-439-6876 FAX: 516-334-4936

PHYSICIAN'S ORDER FORM
Autologous & Directed Donations

Patient Information — All Information Must Match Hospital Records

Name: _____
LAST FIRST MI

Birth Date _____ ID# _____ Gender: Male Female

Address _____

City _____ State _____ Zip Code _____ Phone # _____
DAYTIME EVENING

Hospital Information — Do Not Abbreviate

Scheduled Date of Surgery _____

Patient's Blood Type _____ Surgical Procedure/Diagnosis _____

Facility Name _____ City/State/Zip _____

Ordering Physician Information

Name: _____ Phone # _____
LAST FIRST

Fax # _____ Email _____

Physician's Signature: _____ Date: _____

Address _____ City _____ State _____ Zip _____

Autologous Units Requested:
(Please Write Number of Each Product Requested)

___ Red blood cells
___ Platelets
___ Plasma
___ Other (please specify) _____

Directed Units Requested:
(Please Write Number of Each Product Requested)

___ Red Blood Cells
___ Platelets
___ Plasma
 Other Product Requests (please specify) _____

NOTE: All directed units will be irradiated unless otherwise requested by the hospital.

Physician's Preassessment for Autologous Donors Only:

Medical Clearance: Please complete the following information regarding the patient's medical status and provide all medical conditions and medications (list can be continued on an additional sheet).

Past or Present Medical Conditions: _____

Medication: _____

By signing below, you confirm that your patient does not have any significant cardio or cerebrovascular, pulmonary or other disease that would serve as medically contraindicated to donation.

Physician's Signature: _____ Date: _____ NYBC Approval: _____
(STAMPED SIGNATURES WILL NOT BE ACCEPTED) (Initial & Date)

FOR MORE INFORMATION, PLEASE CALL (800) 439-6876 FAX COMPLETED ORDERS TO (516) 334-4936