AMERICAN RED CROSS
BIOMEDICAL SERVICES
WASHINGTON, DC. 20006

GREATER CHESAPEAKE & POTOMA
4700 MT HOPE DR
BALTIMORE, MD. 21215

Special Collection Order

Autologous & Directed

A: Patient Information Record

Last Name	Suffix	First Name	MI	DOB

Address	City	State	Zip Code	Gender
				M ☐ F ☐

Primary Phone	Secondary Phone	E-mail

Language	ID	ID Type

B: Physician's Order

Donation Type Autologous ☐ Directed ☐

Unit Type

		Number of Units
Packed Red Blood Cells	☐	
Whole Blood	☐	
Apheresis	☐ _____	
Other	☐ _____	
Other	☐	

Test for CMV > Yes ☐ Leuko-reduce > Yes ☐ Irradiate > Yes ☐

Patient Recruited Directed Donor List (provide name)
Units from blood relatives will be irradiated unless specified otherwise

C: Physician's Preassessment of Autologous Donor

Please check for Past or Present Medical Conditions:

Aortic Stenosis ☐ Pulmonary Disease ☐ Strokes / TIA ☐ Currently Pregnant ☐

Arrhythmia ☐ Bacteremia / Infection ☐ Seizures ☐ Current Anticoagulant Therapy ☐ Weight: _____ lbs

Cardiac / Cardiovascular Disease ☐ Explain _____

Restriction of Physical Activity/Disability ☐ Explain _____

Wheelchair ☐ Other ☐ Explain _____

Please list current medications _____

D: Ordering Physician's Information

Physician Name		Phone:	Fax:
Office Contact	Diagnosis / Surgical Procedure		**Transfusion Date**
Transfusion Service / Hospital		City	State
Physician Signature:		Date:	

E: Medical Clearance

To Be Completed by Cardiologist or Primary Physician

Cardiologist/Primary Physician Name	Phone:	Fax:

Yes ☐ It is my medical judgement that the above patient has no contraindications to give his/her blood for autologous transfusion. The patient may donate at an American Red Cross site without a physician present

No ☐ It is my medical judgement that the above patient should not donate autologous blood

Physician Signature:	Date:

F: For Red Cross Use Only

Assessment and Evaluation of Section C Indicates Medical Clearance is Required:	Yes ☐ No ☐	Signature:	Date:
Medical Clearance Received by (Init/ID)	Date:		
Sections A,B and D Verified by (Init/ID)	Date:		