



PHYSICIAN'S REQUEST FOR **AUTOLOGOUS DONATION**

Form must be completed by your physician and returned by email to your local blood donation center.
Please note the request must be emailed, not faxed.

Your request will be reviewed by our Medical Director.
If approved, we will call to schedule your donation.

All donations **must** be scheduled ahead of time to assure accurate and timely service,
no walk-ins please!

If your request is not approved,
your physician will be notified.

**Please allow up to 3 business days
for completion of approval process.**

For more information, please contact your local blood donation center
(see end of document for center list).



Physician's Request for Autologous Donation: F.DS.1600b *Form must be completed in black ink.*

Section I: Patient Information and Request (to be Completed by Physician's Office)

Patient's Name _____ Sex _____ Date of Birth _____
Last First
 Address _____
 Phone Number _____ Social Security # _____/_____/_____

Section II: Physician's Order (to be Completed by Physician's Office)

Date of Anticipated Transfusion/Surgery _____ Hospital _____ Number of Units _____
 Intended Procedure _____
 Process as Leuko-reduced RBC Other _____

Please check any of the following medical problems that might adversely affect patient's tolerance to blood donation

Heart Disease Chronic Lung Disease Seizure Disorder CVA TIA

Patient's Current Medications _____

Physician's Printed Name _____ Office Phone _____

Physician's Signature _____ Date _____

Section III: To be Completed by The Blood Connection

Patient Order # _____

The Blood Connection Work Instructions

1. Review section I and section II for completion.
2. Obtain physician / medical director approval for any adverse medical conditions listed.
3. Complete section III
4. Note any pertinent information (i.e. appendix written, physician verbal approval obtained, etc.) related to collection on comments line.

Social Security Number Verbally Verified by Patient/Donor Yes No Tech Code _____

Receiving Facility _____ Ship to Facility _____

Phone # _____ Contact _____

	Unit Number		Collection Date	Tech Code
	1 st Stick	2 nd Stick (if applicable)		
1				
2				
3				
4				

Comments _____

Route form: Special Donations Coordinator

Route Copy: Hospital Services in zip lock bag with unit



THE BLOOD CONNECTION BLOOD DONATION CENTERS

FIND A LOCATION NEAR YOU

Asheville, NC Donation Center

225 Airport Rd. Arden, NC 28704

Tel. 828.585.8060

Email ashevillecollections@thebloodconnection.org

Charleston, SC Donation Center

5870 Core Rd. North Charleston, SC 29406

Tel. 864.232.8442

Email charlestoncollections@thebloodconnection.org

Easley, SC Donation Center

5116 Calhoun Memorial Hwy. Easley, SC 29640

Tel. 864.644.0030

Email easleycollections@thebloodconnection.org

Greenville, SC Donation Center

435 Woodruff Rd. Greenville, SC 29607

Tel. 864.232.8437

Email greenvillecollections@thebloodconnection.org

Greenwood, SC Donation Center

341 Old Abbeville Hwy. Greenwood, SC 29646

Tel. 864.227.8333

Email greenwoodcollections@thebloodconnection.org

Hendersonville, NC Donation Center

825 Spartanburg Hwy. Hendersonville, NC 28792

Tel. 828.233.5301

Email hendersonvillecollections@thebloodconnection.org

Raleigh, NC Donation Center

5925 Glenwood Ave. Suite #150 Raleigh, NC 27612

Tel. 984.222.1101

Email raleighcollections@thebloodconnection.org

Seneca, SC Donation Center

1308 Sandifer Blvd. Seneca, SC 29678

Tel. 864.882.8364

Email oconeecollections@thebloodconnection.org

Spartanburg, SC Donation Center

270 N. Grove Medical Park Dr. Spartanburg, SC 29303

Tel. 864.641.6013

Email spartanburgcollections@thebloodconnection.org