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).
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 ________________________________

<table>
<thead>
<tr>
<th>Unit Number</th>
<th>1st Stick</th>
<th>2nd Stick (if applicable)</th>
<th>Collection Date</th>
<th>Tech Code</th>
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Comments ________________________________

Route form: Special Donations Coordinator Route Copy: Hospital Services in zip lock bag with unit

EFFECTIVE – F.DS.1600B: 7.0 The Blood Connection Piedmont S.C. 29673 11/30/17 –
# Blood Donation Centers

**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