

A. Criteria

1. Minimum time between collections is 3 days.
2. Patient must have minimum Hgb of 11 gm/dL or Hct of 33%
3. You may wish to instruct patient to take supplemental iron, especially if several units are ordered.
4. Red cell units have a 42-day outdate.
5. Due to NAT testing a minimum of 5 days is required between the last autologous collection and the date of surgery for a hospital within our service area. If shipping to a hospital outside our service area we need 7 days. These are preferably working days.

B. Important Information for you

1. Fees for autologous donations are billed to the patient through the hospital. Contact Collection Services at Community Blood Center for any specific fee information.
2. Following collection or attempted collection of autologous blood, the prescribing physician and hospital transfusion service will be notified of availability of units.
3. The following tests are performed on all autologous units. They include:
 - a. ABO/Rh
 - b. Antibody screen
 - c. Nucleic Acid Amplification Testing (NAT) for HCV, HBV, HIV and WNV
 - d. Antibody Test for HIV 1/2, Hepatitis B & C, HTLV I & II
 - e. HBsAg
 - f. Syphilis
 - g. Chagas
 - h. Zika
4. All autologous units collected are for autologous transfusion only and will have a biohazard label applied whether they have positive test results or not. AIDS related questions are not addressed with autologous patients.
5. The Hospital/Laboratory Services department at Community Blood Center will notify the prescribing physician of any positive test results prior to the patient's surgery.
6. It is the prescribing physicians' responsibility to explain positive test results and their significance to the patient. Information/questions to discuss with the patient include but are not limited to:
 - a. The significance of the test result to the patient's health and the planned surgery.
 - b. Will surgery be postponed?
 - c. Should the patient see their primary care physician prior to or after surgery?
 - d. Should the patient have re-testing done?
7. Community Blood Center will notify the patient of positive test results after surgery.

8. The state of Indiana **does not** allow the release of autologous units with a positive screening test for HIV, regardless of confirmatory testing. The patient must be transferred to Ohio to be transfused with these units.

C. Contraindications to autologous donation

1. Sepsis/active infection
2. Unstable angina
3. Uncontrolled hypertension
4. Scheduled surgery to correct aortic stenosis
5. Sustained ventricular tachycardia
6. Severe left main coronary artery stenosis
7. Transient ischemic attacks
8. Active seizure disorder
9. Myocardial infarction or cerebrovascular accident within 3 months

D. Blood for autologous donation will not be collected if

1. Hematocrit is less than 33% or Hgb is less than 11 gm/dL.
2. Patient has or is being treated for bacteremia.
3. Any sign or symptoms of acute infection are present.
4. Patient is in first trimester of pregnancy or beyond 36th week.
5. Patient weighs less than 75 lbs.

E. Risks associated with autologous donation

1. Reaction to donation - usually minor and of short duration. Symptoms include dizziness, nausea, vomiting, and occasionally, loss of consciousness. Local reactions to the phlebotomy can also occur, and include pain at the needle insertion site, bruising, and possible nerve damage.
2. Mild anemia - due to frequent donation
3. Hemolysis at time of re-infusion - can be due to undiagnosed patient conditions, such as hereditary spherocytosis. Hemolysis may also be caused by improper storage, handling, or infusion of packed cells.

F. When autologous donation has been ordered

1. Notify the hospital that autologous transfusion has been ordered.
2. Complete and fax CS-402-F-02, **Physician Order for Autologous Donor** to Collection Service in Dayton ASAP. Fax number is (937) 461-9584. A verbal order may be taken per telephone and followed by a written order.
3. Instruct patient to contact Community Blood Center, Collection Services Department to schedule appointments to donate. To schedule, patients should call (937) 461-3214, or 1-800-388-4483 ext. 3214.
4. Please notify Collection Services if surgery is canceled or postponed, at (937) 461-3214.

G. Frozen storage

1. Frozen storage is recommended if more units are ordered than can be collected within the shelf life of the units prior to surgery, or if surgery is postponed. There are fees for freezing units that are billed to the patient.
2. Notify CBC as soon as freezing the unit is considered, preferably at least one week in advance of expiration date of unit, or within five days of collection.
3. Frozen units will be stored six months, at which time the physician and the patient will be notified that units will be discarded unless a specific request to continue storing the units is received within 30 days.
4. **Physicians must notify the hospital Transfusion Service when frozen unit/units need to be made available.**

NOTE: Thawed, deglycerolized red blood cell units outdate 24 hours after thawing. Thawing of unit(s) must be coordinated between physician's office and the hospital transfusion service where patient is to have surgery. Do not call the Community Blood Center first.

H. Consultation

If your patient does not meet the criteria for autologous donation you may consult a Community Blood Center Medical Director or Associate Medical Director to discuss your patient needs.

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