

**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.

James Alexander, MD  
Medical Director  
Community Blood Center  
Community Tissue Services  
349 S. Main Street  
Dayton, OH 45402  
937-461-3461

Ghada Khalife, MD  
Associate Medical Director  
Community Blood Center  
Community Tissue Services  
349 S. Main Street  
Dayton, Ohio 45402  
937-461-3379

James Gatton, MD  
Associate Medical Director  
Community Blood Center  
Community Tissue Services  
349 S. Main Street  
Dayton, OH 45402  
937-461-3510

**END**

- A. Your physician has ordered autologous (au-tol'o-gus) transfusions for use in your upcoming surgery. This means you will be donating your own blood to have available for your use during your surgery. If blood is needed, the blood collected prior to your elective surgery will be given back to you during or after your surgery. Autologous blood is the safest blood for you to receive, since your own blood cannot transmit new diseases.
- B. Collections are by appointment only, at Community Blood Center, 349 S. Main St., Dayton, OH, 45402. You may call 937-461-3214 or 1-800-388-4483, ext. 3214, to make appointments. You can schedule appointments up to six (6) weeks in advance of your surgery, depending on your physician's order, but no less than 5 days before your surgery date (Monday through Friday, excluding holidays). If you are having surgery outside the CBC service area, appointments must be scheduled at least 7 days prior to surgery to allow for shipping. Appointment days and hours depend on the center hours where you will be donating. Appointments will not be scheduled if you have not already been given a scheduled date for your surgery.
- C. Please have the following information available when calling for your appointment:
1. Your legal name, address and phone number.
  2. Your date of birth.
  3. Your weight, medication list and medical conditions.
  4. Your surgery date and hospital.
- D. Information to remember:
1. The donation process will take approximately 1 - 1 1/2 hours.
  2. Get an adequate night's rest.
  3. Make sure you have had a good meal within 2 hours of your donation, but avoid eating foods with a high fat content. Eating a high fat diet could cause your blood sample to be unacceptable for testing. If you have any questions about what is acceptable, please ask when you schedule your appointment.
  4. Make sure you are well hydrated prior to donating. This means insuring adequate fluid intake in the days leading up to donation, as well as the day of donation.
  5. Continue to take any medications prescribed or approved by your physician.
  6. Take an iron supplement if ordered by your physician.
  7. Bring a picture ID for each appointment (this is required to insure proper identification).
  8. If the donor is age 17 or under, a parent or legal guardian must accompany the donor.
- E. If for any reason your surgery is postponed or canceled, please advise Community Blood Center of the change at 937-461-3214
- F. Your units will only be given to you if your physician feels transfusion is necessary. Units not used by you will be discarded at the end of their storage period.
- G. On very rare occasions, problems can occur at the time of re-infusion of your own blood. This can be due to undiagnosed patient conditions, such as hereditary spherocytosis. Hemolysis may also be caused by improper storage, handling, or infusion of packed red blood cells.

**H. If you have any of the following conditions, autologous donations cannot be undertaken without the approval of your family physician or cardiologist:**

- Diagnosis of congestive heart failure in the previous 3 months
- Severe coronary artery disease
- Heart surgery, heart attack or stroke in the past 3 months
- Undiagnosed chest pain, irregular heartbeat; or angina not responding to medication
- History of TIA in the past 6 months
- History of seizure activity in the previous month

Our primary goal is for you to have a safe, successful donation experience. On rare occasions, our Medical Director may decide it is not safe for you to donate blood for yourself, despite a medical clearance from your physician. On other occasions, you might not meet the criteria for autologous donation established by CBC and our licensing/accrediting agencies. If time and your medical condition permits, we will try to schedule another appointment for you to try again. If you are unable to donate blood for your own use, your physician will be notified.

**I. Center addresses and telephone numbers:**

Dayton  
349 S. Main St.  
Dayton, Ohio 45402  
937-461-3214  
1-800-388-4483

**END**

Autologous collections are performed at Community Blood Center, 349 S. Main St, Dayton, OH 45402.

Phone: 937-461-3214, 1-800-388-4483, ext 3214

Fax: 937-461-9584

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_

Surgery Date \_\_\_\_\_ Hospital \_\_\_\_\_ Surgery Type \_\_\_\_\_

Number of Units:

Red Cells \_\_\_\_\_

FFP \_\_\_\_\_

Other \_\_\_\_\_

Community Blood Center requests that a patient with significant medical problems has a written medical release prior to donating blood and consider whether donating is a safe procedure for him/her. Please evaluate the medical condition of your patient. **Contraindications include:** Sepsis/active infection, unstable angina, uncontrolled hypertension, scheduled surgery to correct aortic stenosis, sustained ventricular tachycardia, severe left main stem coronary artery stenosis, active seizure disorder, MI or CVA within 3 months.

**By my signature I consider this patient's medical condition satisfactory for autologous donations.**

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_

There must be a minimum of 5 days between the last donation and date of surgery to assure units arrive at the hospital (in our service area) prior to surgery. Units being shipped outside our service area require 7 days.
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**Contacting Community Blood Center**

Physicians that have patients requiring therapeutic phlebotomy may contact one of the physicians at Community Blood Center for consultation:

James Alexander, MD  
Medical Director  
349 S. Main St.  
Dayton, Ohio 45402  
937-461-3461

Ghada Khalife, MD  
Associate Medical Director  
349 S. Main St.  
Dayton, Ohio 45402  
937-461-3379

James Gatton, MD  
Associate Medical Director  
349 S. Main St.  
Dayton, Ohio 45402  
937-461-3510

Outside of Dayton, Ohio, you may call 1-800-388-4483. You can also contact Collection Services at 937-461-3214 for questions or to place a verbal order. Orders can be faxed to Collection Services at 937-461-9584.

**Ordering Therapeutic Phlebotomy**

Therapeutic phlebotomy is a medical procedure and patients must have a completed physician's order before the phlebotomy can be undertaken. Order forms are available through Community Blood Center on request. If you would prefer, orders will be accepted on a written prescription or letterhead with the following information:

- The patient's name, date of birth and diagnosis
- Please state the minimum hemoglobin. We must have this to do the phlebotomy.
- The frequency of phlebotomy  
(CBC recommends phlebotomies not be performed at intervals of less than one week)
- Complete any pertinent medical history or specific instructions.
- The ordering physician's name, signature, address, phone number, fax number

We must have all information requested. Please mail or fax all completed orders to Collection Services .

Orders will be considered valid for one year from their inception date. One unit (approximately 500 ml) of whole blood will be drawn at each appointment.

Please remember to inform CBC of any change in order status during the year or fax a new order form.

Community Blood Center will notify you by mail when a therapeutic phlebotomy is performed and will provide the pre-phlebotomy hemoglobin on your patient.

Please feel free to call us if you have any questions about this service at any time.

**END**



**Physician Order for Therapeutic Phlebotomy**

Date \_\_\_\_\_ \* Order is considered valid for one year from the inception date.

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Diagnosis \_\_\_\_\_

One unit of blood will be drawn (approximately 500 ml) at each presentation.

\* Frequency of Phlebotomy \_\_\_\_\_

\* Minimum Hgb. \_\_\_\_\_

\* **Minimum Hgb and Frequency must be completed or the phlebotomy cannot be performed.**

Pertinent Medical History/Specific Instructions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Physician

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Address of Physician

\_\_\_\_\_  
Phone Number of Physician

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Fax Number of Physician

\_\_\_\_\_  
Physician E-Mail

Verbal order taken by Signature/Date \_\_\_\_\_



### **Directed Donation Information**

Community Blood Center of Dayton (CBC) offers Directed donation for medically appropriate donors. However, CBC discourages non-medically indicated direct donation. It is especially important to avoid collection of blood for the purpose of transfusion into genetically related recipients or for transfusion from a male to a female sexual partner. The reasons it is discouraged is discussed below.

Directed donation is indicated in several situations but these situations are rare, and the ordering physician should indicate why the directed donation is appropriate.

Medically indicated conditions include but are not limited to the following:

**Neonatal alloimmune thrombocytopenia:** Mothers may need to donate platelets for intrauterine transfusion or transfusion to a newborn.

**Rare red blood cell antibodies or phenotype:** If a directed donor is one of a very limited number of donors that are compatible with a recipient these blood products should be irradiated to prevent transfusion associated graft vs host disease. This adverse event is almost uniformly fatal for the blood recipient and mitigation of this complication can be accomplished by irradiation of the donated unit.

**Multiple sequential transfusions:** Patients (especially infants and children) who expect to be serially transfused and in whom alloimmunization could create difficulty in treating the patient in the future. Limiting the number of donor exposures can be important to these patients.

**IgA Deficiency:** Recipients with IgA deficiency may be at risk of severe anaphylactic reactions when receiving blood form non-IgA deficient donors.

### **Risks of Directed Transfusion:**

**Transfusion-transmitted Infection Risk:** A basic tenant of transfusion therapy is donor altruism. It has long been recognized that donors that have a perceived or actual benefit from donation have a greater reticence to give information that could be disqualifying for blood donation. This reluctance is even greater when the donation is being “asked for” by individuals know to the donor. Sometimes donors feel pressured to give inaccurate answers to the donor questionnaire because they do not want to be discovered as not being eligible to donate. Reports state that the positive rate of infectious disease tests done on blood donors is slightly higher than that of random blood donors.

**Transfusion Associated Graft vs Host Disease:** Requires irradiation of blood product as described above.

**Alloimmunization:** Antibodies formed to donor HLA type may prohibit a future organ or marrow donation from the directed donor.

**Decreased Expediency:** Processing time for directed donations can delay transfusion up to five days.

Finally directed donations are rarely done and the risk of error in processing, storage and administration of products is greater than in routine allogenic transfusions.

### Directed Donation Process

Allow five working days between donation and intended transfusion, Monday through Friday excluding holidays. Allow seven days for units being shipped out of service area.

#### A. PHYSICIAN:

1. Forward completed CS-404-F-01, Physician's Order for Directed Blood Donations, to Community Blood Center. This form may be obtained at Community Blood Center, any area hospital blood bank, or at [cbccts.org](http://cbccts.org), under Resources, Hospital Forms.
2. Confirmation of the patient's ABO/Rh is required prior to drawing donors.
3. If a directed donation is requested, please contact a CBC physician at 937-461-3450 for consultation.
4. If directed donation is indicated, instruct patient or patient designee to call Community Blood Center, 937-461-3214, for further information about the directed donation process.

#### B. PATIENT:

1. Contact Collection Services at Community Blood Center, 937-461-3214, or 1-800-388-4483, ext. 3214 for more information or to set up appointments.
2. Read and complete all information requested on CS-404-F-02, Patient Request, Consent, and Release for Directed Blood Donations, and sign the form. A parent or legal guardian must sign and forward form to Community Blood Center, if the patient is a minor. Parent or guardian must identify their relationship to the patient.
3. Confirm or have ABO/Rh typing done.
4. Provide Collection Services with donor(s) full name, date of birth and relationship of donor to patient. This information may be listed on CS-404-F-03, Directed Donor Information.

It is recommended that you schedule one more donor than the number of units required.

5. Have donor call Collection Services for appointment.
  - a. Allow five working days after the donation, for units to be processed and available for transfusion, Monday through Friday, excluding holidays. Allow seven days for units being shipped out of service area.
6. If for any reason a donor is found to be ineligible to donate or the unit is unsuitable for transfusion, only the ordering physician and the donor will be notified. Medical confidentiality protects this information.

7. Occasionally blood collected and prepared for transfusion may not be available due to breakage, contamination or other unforeseen problems. You will be notified if this occurs.
8. Women of child-bearing age should not be recipients of blood donated by their children, husband, or husband's blood relatives as this could adversely affect future pregnancies should red cell antibodies form.
9. Patients contemplating a bone marrow transplant should not receive donations from family members.
10. Directed units that are not used by the intended recipient are not crossed over to the volunteer donor supply.
11. Directed donations require special handling and there are specific fees charged to you to cover the cost of this special handling. These fees will be discussed with you when you contact Community Blood Center.

C. DONORS:

1. Schedule an appointment at 937-461-3214 or 1-800-388-4483, ext. 3214. No collection will be undertaken without a pre-scheduled appointment. Appointments will be scheduled by Collection Services, according to availability, anticipated transfusion date, and the type(s) of products needed. You must donate at least five days prior to the anticipated day of transfusion, exclusive of weekends and holidays. Allow seven days if blood is being shipped out of service area.
2. Must meet all donor eligibility requirements applicable to all volunteer blood donors.
3. Bring a picture ID, preferably a driver's license or other government issued ID. You must have this ID to donate.
4. Bring confirmation of your blood type. If you have donated previously with CBC, your blood type will be on record. ABO/Rh typing must be performed prior to donation if no confirmation is available.

**END**

**Physician's Order and Consent for Directed Blood Donations**

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I have carefully read and understand the information provided by Community Blood Center ("CBC") regarding directed donations. I understand that the three major national blood banking organizations in the United States discourage directed donations and that it is their opinion that blood from directed donors is no safer than blood from the normal volunteer donor blood supply.

I hereby request that directed donations be used for the patient indicated below.

I certify that this patient or the patient's guardian or other legal representative has read and appears to understand the Directed Donation Information provided by CBC. I also certify that my patient and I understand and agree that, if this patient requires transfusion of blood products exceeding the number of directed donor units deemed suitable for transfusion by CBC, such additional products will be prepared from random volunteer donor blood and **not** from the donors recruited by this patient.

In the event that any of the donors chosen by my patient has positive laboratory test results, Community Blood Center will notify the donor in accordance with Blood Center policy.

\_\_\_\_\_ Birth Date \_\_\_\_\_ Patient ABO/Rh Type (if known) \_\_\_\_\_

Patient's Name

The patient's ABO/Rh Type is needed to properly secure Directed Donors.

Number of Units Needed \_\_\_\_\_ Transfusion Date \_\_\_\_\_

Hospital \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**CHECK ALL THAT APPLY**

- PACKED RED CELLS
- ABO SPECIFIC
- \_\_\_\_\_
- LEUKOPOOR
- CMV NEG

PRINT PHYSICIAN NAME \_\_\_\_\_

PHYSICIAN SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ Fax # \_\_\_\_\_

**Patient Request, Consent, and Release for Directed Blood Donations**

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I hereby request that COMMUNITY BLOOD CENTER ("CBC") collect blood from donors recruited by me or my designee for my use from a list of names provided by me to CBC. I have read and I understand the information provided to me by CBC about directed blood donations. I understand that there is no evidence that blood from donors selected by me are any more suitable than blood from random volunteer blood donors. I also understand that each unit of blood drawn from my donors will be tested for Syphilis, AIDS, Hepatitis, and other viruses and/or retroviruses. Any abnormal test result will be disclosed only to the donor. In that event, my attending physician will only be told that a unit is unusable. I understand and consent to the following:

1. I will have no right to receive the name or any other information of any kind from CBC concerning the donation process, the donation result, or blood test results of the donors designated by me or any other donor whose blood I may use, except as may be required by law.
2. It may be impossible for CBC to obtain enough units suitable for transfusion from my list of designated donors. In such event, I will have no right to know which donors' blood I actually will be receiving.
3. I hereby consent to the use of random, volunteer blood whenever I may require transfusion of products other than Red Blood Cells or products, in excess of the units donated by my designated donors.
4. CBC makes no warranty or representation of any kind, either expressed or implied, that directed donations decrease any risks of transfusion or of unfavorable reactions, infections, etc.
5. CBC will charge and I shall pay a service fee, before any Directed Donor blood is released. A processing fee on each directed unit released for me is charged through the hospital transfusion service at the time of my admission to the hospital. I understand that if, for some reason, I am not admitted to the hospital, I will be billed directly for these processing fees and I agree to accept full financial responsibility for them.
6. CBC shall have no responsibility or liability if I am unable to recruit a sufficient number of donors for my blood unit needs or if accident or other unforeseen circumstance renders any donated unit unusable.
7. Should a previously undetected antibody be found when the unit(s) are crossmatched at the hospital, making them unsafe for my use, I agree to accept allogeneic units, if it is necessary for my well-being. I understand that all testing to determine the compatibility of my blood with that of my donor(s) cannot, cost effectively be performed in advance of receipt of the donated units at the hospital.

I hereby release CBC, its trustees, officers, employees, agents and other representatives from any and all liability for claims, losses and/or expenses which I or my heirs, executors, administrators, successors or assigns might have that result directly or indirectly from any negligence or misrepresentation by any of my directed donors or from any inaccurate or incomplete information given by any such donor to CBC.

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Name of Patient

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Signature of Patient

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Birth Date

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Signature of parent or guardian if Pt is a minor and relationship

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Address

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City/State/Zip

Patient's Name \_\_\_\_\_ ABO/RH \_\_\_\_\_

To be transfused at \_\_\_\_\_ Date needed \_\_\_\_\_  Information Verified With Patient**Donors:**

1. Name \_\_\_\_\_ B.D. \_\_\_\_\_ Blood Relative Yes \_\_\_ No \_\_\_

 Previous CBC Donor: D.I.D# \_\_\_\_\_ ABO/RH \_\_\_\_\_ Elig. Date \_\_\_\_\_ New Donor: ABO Confirmation  Yes  No Needs Typing  Yes  No Needs CMV Testing  Yes  No

Phone # \_\_\_\_\_ Appt Date/Time. \_\_\_\_\_ DONOR ELIMINATED \_\_\_\_\_

2. Name \_\_\_\_\_ B.D. \_\_\_\_\_ Blood Relative Yes \_\_\_ No \_\_\_

 Previous CBC Donor: D.I.D# \_\_\_\_\_ ABO/RH \_\_\_\_\_ Elig. Date \_\_\_\_\_ New Donor: ABO Confirmation  Yes  No Needs Typing  Yes  No Needs CMV Testing  Yes  No

Phone # \_\_\_\_\_ Appt Date/Time. \_\_\_\_\_ DONOR ELIMINATED \_\_\_\_\_

3. Name \_\_\_\_\_ B.D. \_\_\_\_\_ Blood Relative Yes \_\_\_ No \_\_\_

 Previous CBC Donor: D.I.D# \_\_\_\_\_ ABO/RH \_\_\_\_\_ Elig. Date \_\_\_\_\_ New Donor: ABO Confirmation  Yes  No Needs Typing  Yes  No Needs CMV Testing  Yes  No

Phone # \_\_\_\_\_ Appt Date/Time. \_\_\_\_\_ DONOR ELIMINATED \_\_\_\_\_

4. Name \_\_\_\_\_ B.D. \_\_\_\_\_ Blood Relative Yes \_\_\_ No \_\_\_

 Previous CBC Donor: D.I.D# \_\_\_\_\_ ABO/RH \_\_\_\_\_ Elig. Date \_\_\_\_\_ New Donor: ABO Confirmation  Yes  No Needs Typing  Yes  No Needs CMV Testing  Yes  No

Phone # \_\_\_\_\_ Appt Date/Time. \_\_\_\_\_ DONOR ELIMINATED \_\_\_\_\_