

Rex Blood Services  
2709 Blue Ridge Rd., Suite 150  
Raleigh, NC 27607  
(919) 784-4750

## **PATIENT INSTRUCTIONS FOR AUTOLOGOUS DONATION REQUEST**

1. Have your physician or authorized healthcare professional explain the Autologous blood donation procedure to you and be sure that you fully understand the advantages as well as the disadvantages of this type of blood transfusion.
2. Complete and sign the AUTOLOGOUS DONATION REQUEST form. Please be sure to read all the information on the request form and follow all instructions carefully! All donor/patient information must be completed by you (the intended recipient). Your physician or authorized healthcare professional **MUST** complete and sign (electronic signatures or stamped signatures are acceptable) the section requiring medical information and approval. **INCOMPLETE FORMS WILL NOT BE ACCEPTED.**
3. Follow all pre-donation instructions given to you by your physician or authorized healthcare professional (such as increased iron intake) and **be sure to eat a regular meal and increase hydration before donating.**
4. The blood donation(s) **MUST** be made **AT LEAST** five (5) business days (M-F), but not more than forty-two (42) days prior to the scheduled date of transfusion.
5. Rex Healthcare will bill you for the collection and special handling of **EACH UNIT** of blood drawn. A processing fee is charged for each unit that is transfused. In the event that you do not use the blood, it will be destroyed when the unit(s) expires. **PLEASE NOTE:** Not every insurance carrier covers the expenses of autologous transfusion. It is the donor/patient's responsibility to verify coverage prior to donation.
6. Autologous donations may be made at Rex Blood Services **BY APPOINTMENT ONLY** on **Tuesdays, Wednesdays and Thursdays** between **11:00 a.m. and 4:00 p.m.** For questions or to schedule an appointment, please call (919) 784-4750. **Each autologous donor must present a driver's license or some other form of legal identification and this autologous form (if not faxed by the physician's office) at the time of donation.**

**I understand the information presented above.**

Patient's Signature: \_\_\_\_\_  
(Per Driver's License or other legal identification)

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AUTOLOGOUS DONATION REQUEST FORM

**Patient Information (Please Print)**

Patient's Full Name: \_\_\_\_\_  
(Per Driver's License or other legal identification)

Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**Medical Information and Approval**

*(To be completed by physician or authorized health care professional—please print)*

Facility Where Transfusion Will Occur: \_\_\_\_\_

Scheduled Date of Use: \_\_\_\_\_

Number of Units: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Type of Procedure: \_\_\_\_\_

Requesting Physician or authorized Healthcare Professional:

\_\_\_\_\_

Signature of Physician or authorized Healthcare Professional:

\_\_\_\_\_

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## AUTOLOGOUS DONATION REQUEST FORM

The above named physician or authorized healthcare professional has explained autologous blood donation to me and I understand the advantages and disadvantages of this form of blood transfusion.

I request Rex Blood Services to draw the requested number of units from me and store it for my use at a later date. I understand I cannot donate if I am currently taking antibiotics for infections. I understand that it is not always possible to collect as much blood as is necessary and that it is possible that my physician will find it necessary to transfuse me with blood products from other donors.

My blood will be held for my own use and will not be made available to any other patient. If I don't use the blood, it will be stored until the unit outdates or until my physician notifies Transfusion Services at which time the unit will be destroyed.

Every reasonable effort will be made to store my blood so that it will be available for me. However, unforeseen circumstances can occur during blood processing and storage (i.e. bag breakage) that may make it impossible for me to receive the blood I have donated.

The blood I donate will be tested for the presence of several infectious diseases including the Hepatitis B Surface Antigen (HBsAg) and the antibody to HIV, the virus associated with AIDS. If my blood tests positive for HBsAg or HIV, my physician will be notified. If my physician does not approve the transfusion of an HBsAg or HIV positive unit, the unit will be destroyed and, therefore, not available for my use.

My units are identified as mine by a signed tie-tag for which I keep a duplicate. I must present the tie-tag duplicate(s) to the Pre-Admission Testing personnel upon my admission to the hospital to alert Transfusion Services of my admission. **Failure in following the identification procedure may make it impossible to transfuse the units I have donated.**

The last donation before my surgery **MUST** be made at least five (5) business days prior to my surgery date. Appointments for donation must be scheduled in advance by calling (919) 784-4750.

I understand that there will be a fee for special handling of each unit of my donated blood. If the unit is transfused to me, an additional processing fee will be charged. I understand that these charges may or may not be covered by insurance and, if I want to verify insurance coverage, then it is my responsibility to verify coverage.

**I understand the policies and procedures described above.**

Patient's signature/Date: \_\_\_\_\_/  
(Per Driver's License or other legal identification)