



INNOVATIVE
BLOOD
RESOURCES

Memorial Blood Centers
737 Pelham Blvd.
St. Paul, MN. 55114
Phone: 651-332-7321
Fax: 651-332-7001

Nebraska Community Blood Bank
100 N. 84th Street
Lincoln, NE 68505
Phone: 877-486-9414
Fax: 402-486-9428

Physicians Order Form for Autologous Donation

This form **must** be completed and signed by the patient's physician. Please forward a copy to Innovative Blood Resources (IBR).

Patient's Name: _____		Date of Birth: _____	
Address: _____			
City: _____		State: _____	Zip Code: _____
Daytime Phone: _____		Evening Phone: _____	Gender: _____
Blood Type: _____		Participating Blood Bank _____	
Hospital at which surgery will be _____		Date of Surgery: _____	
Type of Surgery _____			

Answer the following:

- | | | |
|--|------------|-----------|
| 1. Is the patient in good health, NOT ON ANTIBIOTICS, and a suitable candidate for the donation program? | Yes | No |
| 2a. Does the patient have any of the following problems: arrhythmia; aortic stenosis, and/or congestive heart failure? | Yes | No |
| 2b. If so, is the patient taking any medications for the above conditions? | Yes | No |

If yes, please list medications

- | | | |
|--|------------|-----------|
| 3. Has the patient had any recent infections or been on antibiotics? | Yes | No |
|--|------------|-----------|
- All Autologous donations will be drawn as Whole Blood into a Leukoreduced AS-1 bag (CPD Double) with an outdate of 42 days
Please specify number of unit(s): _____
 - The blood center staff will schedule donations.
 - Policies about donation interval and frequency;
 - Patient must wait at least 7 days between donations
 - Patient's last donation must be at least 3 working days prior to their surgery

Health Care Provider Signature

Date

Health Care Provider's Printed Name

Phone

Fax



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For Innovative Blood Resources Use Only

IBR Physician Services Use Only

Physician Comments _____

_____ Approved _____ Not Approved Frequency of Donation _____

IBR Physician Signature

Date