



SPECIAL DONATIONS PROGRAM

for Physicians and Patients

- Autologous Donation
- Directed/Designated Donation
- Therapeutic Donation



270 Masonic Ave
San Francisco, CA 94118

1-800-215-6225 • www.bloodcenters.org • Fax: 415-749-6635

AUTOLOGOUS DONATION



Introduction

While the community blood supply is extremely safe, a patient's own blood is safest for him/her. Patients planning elective surgery requiring blood transfusion may be able to donate blood for themselves prior to surgery. This is called autologous donation. Patient's health status and red blood count (hemoglobin or hematocrit) determine whether they can donate; final approval rests with the medical director of Blood Centers of the Pacific (BCP). The patient's doctor decides how much blood is needed. Blood Centers of the Pacific collects, processes and tests the blood and delivers it to the transfusing facility. Blood may be collected up to 42 days before the date of use, but **no later than seven working days** prior to date of anticipated use. **A special processing fee is charged for this service** because additional recordkeeping and handling are required, even if the blood is not used by the donor. Autologous blood cannot be used for other patients.

Advantages of Autologous Blood Donation

1. Prevents transfusion-transmitted disease.
2. Prevent red cell alloimmunization.
3. Decreases the number of banked allogeneic units needed.
4. Provides compatible blood for patients with alloantibodies.
5. Prevents some adverse transfusion reactions.
6. Provides reassurance to patients concerned about blood risks.

Disadvantages of Autologous Blood Donation

1. Does not eliminate risk of bacterial contamination.
2. Does not eliminate risk of ABO incompatibility error.
3. Is more costly than allogeneic blood.
4. Results in wastage of blood that is not transfused.
5. Increased incidence of adverse reactions by the donor to autologous donation.
6. May subject patients to perioperative anemia, increased likelihood of transfusion, and delayed recovery.

Candidates for Autologous Donation

Candidates for autologous donation are stable patients scheduled for procedures in which blood transfusion is likely. Autologous donation should be considered for patients likely to undergo:

- Major orthopedic procedures, most commonly total joint replacement.
- Vascular surgery
- Cardiac or thoracic surgery

Autologous blood should not be collected for procedures that seldom require transfusion such as:

- Cholecystectomy
- Vaginal hysterectomy
- Herniorrhaphy
- Uncomplicated obstetric delivery

Donor-Patients Who Are Not Good Candidates for Autologous Donation

There are some contraindications to participation in autologous blood donation program. Donor-patients considered not to be candidates are those with

- Evidence of infection and risk of bacteremia.
- Scheduled surgery to correct aortic stenosis.
- Unstable angina
- Uncontrolled seizure disorder
- Myocardial infarction or cerebrovascular accident within 6 months of donation.
- Significant cardiac or pulmonary disease who have not yet been cleared for surgery by their treating physician.
- High-grade left main coronary artery disease.
- Cyanotic heart disease.
- Uncontrolled hypertension

Requirements

Because of the special circumstances related to autologous blood transfusion, rigid criteria for donor selection are not required. However, the following requirements do apply:

- An order from the donor-patient's physician.
- The hemoglobin concentration of the donor-patient's blood shall be >11 g/dL or the hematocrit, if used, shall be >33%.
- Both the transfusion service and the requesting physician will be notified of abnormal test results. The transfusion service should have a written policy identifying how autologous units with abnormal test results will be handled.

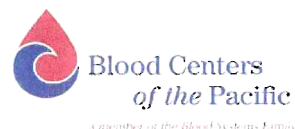
Donation Frequency

Typically, a donor-patient should donate **one unit per week and no more than one unit every three days**. For orders of four units or less, donation should start three to four weeks prior to surgery. If more than four units are requested, donation should occur over several months. It is suggested that physicians or donor-patients contact the blood center to determine if freezing red blood cells is available. The donor-patient should also consider using banked allogeneic blood in cases where large volume transfusion is a possibility.

Other Considerations

There are times when surgery is cancelled or postponed. This may require freezing and storing the autologous units. The hospital must contact Blood Centers of the Pacific to discuss if these special handling options are available and the fees for this service.

How to Schedule an Autologous Donation



The patient's physician:

- Identifies candidate for autologous donation
- Requests autologous donation and determines number and types of components to be collected
- Completes applicable section of the *Special Collections Form DCF020BCP Rev 1*

The donor-patient/physician's office:

- Contacts the blood center at **800-215-6225** to schedule the appointment(s) (**walk-ins are not accepted**)
Monday through Friday 8:30 AM to 5:00 PM
- Faxes or emails the *Special Collections Form DCF020BCP Rev. 1** to the blood center at Fax. 415-749-6635 or Email: specialdonations@bloodcenters.org
- Note: *all autologous donations must be completed at least 7 working days prior to the surgery date*

Blood Centers of the Pacific:

- Reviews the order for completeness.
- Contacts donor-patient for any additional information.
- Collects processes and tests the donor-patient's blood.
- Ships units to hospital blood bank before surgery
- Notifies hospital when units will not be available.
- Notifies hospital of special labeling in cases of abnormal test results. In these situations Blood Centers of the Pacific will notify the requesting physician. The physician and the transfusing facility policy will determine if the unit will be used for transfusion or be discarded.

Fees

Fees for autologous blood donation vary. Some hospitals require that the patient-donor pay for all donations while other hospitals accept the charges from the blood center. **Please contact Blood Centers of the Pacific at 800-215-6225 to find out how fees will be charged.**

Payment must be made at the time of service, via a VISA, MasterCard or Discovery credit card. No cash, personal checks or American Express cards can be accepted. Patient will receive a receipt for submission to their insurance company.

BCP is not approved as a Medicare or MediCal provider; therefore, BCP cannot bill these agencies and they will not reimburse for BCP's services.

To Order

Call, fax or email your order to BCP's Special Donations Department

Phone: 800-215-6225, Fax: 415-749-6635, Email: specialdonations@bloodcenters.org

Visit www.bloodcenters.org/hospitals-physicians/ to download additional forms.

DIRECTED DONATION



Introduction

Blood Centers of the Pacific (BCP) offers a comprehensive directed donation program. A directed (or designated) blood donation is one by which a patient selects his/her own blood donor(s) for an anticipated, non-emergency transfusion. The donor is typically a friend or relative to the patient but can be a donor unknown to the patient who has attributes that benefit the patient. **A special processing fee is charged for this service** because additional recordkeeping and handling are required, even if the blood is not used by the donor

- Directed and designated donations are tagged specifically for the recipient.
- Although the data does not support it, the patient may feel that the blood they receive from people they know is safer than the community blood supply. In some cases, it may be less safe because donors known to the patient may be hesitant to reveal information about their personal or medical history
- Directed donors are qualified in the same manner as community blood donors. This allows transfusing facilities to release directed blood to other patients if the intended patient does not receive it. Units with abnormal test results will not be distributed for transfusion.
- Male spouses do not usually make the most appropriate directed donors. Previously pregnant women can become sensitized against red cell antigens from their children's father(s), causing adverse reactions in the transfusion recipient.
- Blood may be collected up to 42 days before the date of use, but **no later than seven working days** prior to date of anticipated use.
- Units that are ABO/Rh incompatible with the recipient will not be distributed for the intended recipient or charged to the transfusion facility

How to Schedule a Directed Donation

Advance notice to BCP is always required prior to making a directed donation. The patient and physician

The patient's physician:

- Identifies candidate for directed donation.
- Requests directed donation and determines number and types of components to be collected.
- Completes applicable section of the *Special Collections Form DCF020BCP Rev. 1.**
- Faxes or emails the *Special Collections Form DCF020BCP Rev. 1* to the blood center

Fax: 415-749-6635 or Email: specialdonations@bloodcenters.org

The donor-patient/physician's office:

- Contacts the blood center at **800-215-6225** to schedule the appointment(s) **walk-ins are not accepted**
Monday through Friday 8:30 AM to 5:00 PM
- Faxes or emails the *Special Collections Form DCF020BCP Rev. 1** to the blood center: Fax: 415-749-6635 or Email: specialdonations@bloodcenters.org

Blood Centers of the Pacific:

- Reviews the order for completeness.
- Contacts donor-patient for any additional information.
- Collects, processes, tests and stores the blood.
- Ships units to hospital blood bank before transfusion.
- Notifies hospital of units that will not be shipped due to unexpected test results.

Fees

Fees for directed blood donation vary. Due to special handling requirements for directed units, it is typical the special handling fees are usually charged to the donor at the time of donation. Some hospitals require that the patient or donor pay for all donations while other hospitals accept the charges from the blood center. Please contact Blood Centers of the Pacific at 800-215-6225 to find out how fees will be charged.

Payment must be made at the time of service, via a VISA, MasterCard or Discovery credit card. No cash, personal checks or American Express cards can be accepted. Patient will receive a receipt for submission to their insurance company.

BCP is not approved as a Medicare or MediCal provider; therefore, BCP cannot bill these agencies and they will not reimburse for BCP's services.

To Order

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***additional forms may be downloaded at www.bloodcenters.org/hospitals-physicians/.**

THERAPEUTIC PHEBOTOMY

Introduction

Blood Centers of the Pacific offers two different types of therapeutic phlebotomies

- ***For patients with a hematological diseases/red cell disorders***
Patients with red cell disorders that impair the function of survival of the red cells are in general not accepted as volunteer blood donors but can be eligible for a “therapeutic phlebotomy”(for example, patients with Polycythemia Vera) **Please note: pre-payment required.**
- ***For patients with hereditary hemochromatosis (HH)***
Hereditary hemochromatosis (HH) is a disorder of the iron metabolism and not a blood disease. Standard treatment for patients with HH is regular therapeutic phlebotomy
- Patient eligibility for therapeutic phlebotomy is based on blood center eligibility criteria and it will be evaluated on the day of donation.
- Blood Centers of the Pacific has been approved by the FDA to use blood collected from patients with HH for regular transfusions. **There is no charge for these donations regardless of their eligibility as blood donors.**

To Schedule a Therapeutic Phlebotomy

The patient’s physician:

- Completes **Special Collections Form DCD029 Rev. 3***, indicating:
 - Diagnosis
 - Draw intervals
 - Draw amounts
 - Hb level requirements
 -
- Faxes or emails the *Special Collections Form DCD029 Rev. 3* to the blood center

Fax: 415-749-6635 or Email: specialdonations@bloodcenters.org

The donor/patient/physician’s office:

- Contacts BCP at **800-215-6225** or specialdonations@bloodcenters.org to schedule an appointment

Blood Centers of the Pacific:

- Reviews the order for completeness.
- Contacts donor-patient for any additional information.
- Collects, processes, tests and stores the blood, if appropriate.

Fees

There is no fee for HH donations however **there are fees for those with hematological diseases/red cell disorders.** Please call or email the Special Donations Department at BCP, 800-215-6225, specialdonations@bloodcenters.org.

Payment must be made at the time of service, via a VISA, MasterCard or Discovery credit card. No cash, personal checks or American Express cards can be accepted. Patient will receive a receipt for submission to their insurance company

BCP is not approved as a Medicare or MediCal provider; therefore, BCP cannot bill these agencies and they will not reimburse for BCP's services.

*additional forms may be downloaded at www.bloodcenters.org/hospitals-physicians/.



Please call for hours of operation to schedule your appointment

SAN FRANCISCO COUNTY

Irwin Center

270 Masonic Ave

San Francisco, CA 94118

Ph. 800-215-6225

M-W 11:00 AM to 6:00 PM

TH- SAT 8:00 AM to 3:00 PM

Downtown Site

250 Bush Street, Suite 136

San Francisco, CA 94102

Ph: 800-215-6225

M- W 7:00 AM to 2:00 PM

THURSDAY 11:00 AM to 6:00 PM

NAPA/SOLANO COUNTY

North Bay Blood Center

1325 Gateway Blvd,

Fairfield, CA 94533

Ph. 800-215-6225

M, W: 12:00 PM- 7:00 PM

F, SAT: 8:00 AM 3:00 PM

Napa Donor Site

3230 Beard Road

Napa, CA 94558

Ph: 800-21506225

TU, W: 11:00 AM to 6:00 PM

F, SAT: 8:00 AM - 3:00 PM

CONTRA COSTA COUNTY

Diablo Valley Center

325 North Wiget Lane

Walnut Creek, CA94596

Ph: 800-215-6225

TU: 11:00 AM-6:00 PM

W, TH: 12:00 PM- 7:00 PM

F, SAT: 8:00 AM 3:00 PM

MARIN COUNTY

Marin Center

4050 Redwood Highway

San Rafael, CA 94903

Ph: 800-215-6225

TU- TH: 11:30 AM- 6.30PM

F-SAT: 8:30 AM- 3:00 PM

SAN MATEO COUNTY

Peninsula Center

111 Rollins Road

Millbrae, CA 94030

Ph: 800-215-6225

M, F, SAT 8:00 AM 3:00 PM

TU, W, TH. 11.30 AM- 6:30PM

SONOMA COUNTY

Santa Rosa Center

2324 Bethards Drive

Santa Rosa, CA 95405

Ph. 800-215-6225

M, F, S 9:00AM- 4:00 PM

TU,W,TH 12:00PM- 7:00PM

SHASTA COUNTY

Shasta Blood Center

2680 Larkspur Lane

Redding, CA 96022

Ph. 800-215-6225

M, TU, TH: 11:00 AM- 6:00PM

W, F, SAT: 8:00 AM 3:00 PM

SANTA CLARA COUNTY

Cupertino Center

19450 Stevens Creek Blv, #200

Cupertino, CA

Ph. 800-215-6225

M, TH 11.30 AM- 6.30PM

F, SAT 8:00 AM 3:00 PM



Blood Centers of the Pacific

SPECIAL DONATIONS ORDER FORM

Blood Center Use only:

SafeTrace ID # _____ Entered by: _____/Date: _____ Reviewed by: _____/Date: _____

Print patient's name LEGIBLY (Last Name, First Name, MI). The name on the request *MUST* agree exactly with that on the hospital registration to ensure that patient will receive his/her unit(s).

LAST NAME, _____

FIRST NAME, _____ MI _____ DATE OF BIRTH: MM/DD/YYYY _____ / _____ / _____ M _____ F _____
SEX

DAY PHONE # AREA CODE AND PHONE NUMBER _____ ALTERNATE PHONE # AREA CODE AND PHONE NUMBER _____

SURGERY/TRANSFUSION DATE _____ PHYSICIAN NAME (please print) _____

HOSPITAL _____

INSURANCE INFORMATION (MUST BE COMPLETED)

MEDICARE MEDI-CAL WORKER'S COMP

KAISER/MR # _____

OTHER _____

Phone _____ FAX# _____

Physician Signature (Required) _____ Date _____

ADDITIONAL INFORMATION FOR DIRECTED DONATION (DD) TO BE COMPLETED BY PATIENT

Please check one box:

- I will accept blood only from the directed donors listed below.
- I agree to accept donations from any family members, friends and others who wish to donate for me.

Signature (Patient or Representative)	Date
Directed Donor Name	Blood relative?
1.	Y N
2.	Y N
3.	Y N
4.	Y N
5.	Y N
6.	Y N

COMPONENTS REQUESTED	Number of units needed:	
	Auto	DD
<input type="checkbox"/> Packed Cells	_____	_____
<input type="checkbox"/> FFP	_____	_____
<input type="checkbox"/> Fibrin Adhesive	_____	_____
Other _____	_____	_____

INFORMATION for DIRECTED DONATION (DD)

Patient Blood Type _____

Special Instructions:

- Quad Pack Sickle Dex Negative
- CMV Negative Donor Type Specific
- Irradiate Other _____
- Divided

COMMENTS _____

APPLICABLE FEES WILL BE COLLECTED AT TIME OF DONATION

Physician's Order for Therapeutic Phlebotomy

PHYSICIAN'S NAME			
ADDRESS (Street, City, State, Zip Code)			
PHONE #			
FAX #			
CONTACT PERSON			
PATIENT'S NAME			
DATE OF BIRTH			
ADDRESS (Street, City, State, Zip Code)			
PHONE #			
DIAGNOSIS	<input type="checkbox"/>	Hereditary Hemochromatosis	
	<input type="checkbox"/>	Non-hereditary Hemochromatosis	
	<input type="checkbox"/>	Other (specify):	
DRAW INTERVALS	<input type="checkbox"/>	One time only	
	<input type="checkbox"/>	Once every _____ week(s)	
	<input type="checkbox"/>	Once every _____ month(s)	
	<input type="checkbox"/>	Other (specify): _____	
AMOUNT TO BE DRAWN	<input type="checkbox"/>	1 unit whole blood (500 mL whole blood or ~225 mL RBC)	
	<input type="checkbox"/>	Double red blood cell (~400 mL RBC)	
DO NOT DRAW BLOOD IF HGB LEVEL IS LESS THAN _____ g/dL			
ANY OTHER RESTRICTIONS			
PHYSICIAN'S SIGNATURE		DATE	

Blood Center Fax: _____

FOR BLOOD CENTER USE:

Order Received By _____ Date _____

Order Expiration Date _____ EC/Date _____

