American Red Cross
Biomedical Services
Washington, DC 20006

Special Scheduling
Phone: 800-634-9069
Fax: 800-886-7024

Special Collections Order
Autologous and Directed

A Patient Information Record

Last Name	Suffix (Jr.)	First Name	MI	DOB

Address	City	State	Zip Code	Gender ☐ Male ☐ Female

Primary Phone	Secondary Phone	E-mail

Language	ID	ID Type

B Physician's Order

Donation Type: Autologous ☐ Directed ☐

Unit type		Number of Units
	Packed Red Blood Cells ☐	
	Whole Blood NA	
	Apheresis ☐	
	Other ☐ _____	
	Other ☐	

Patient Recruited Compatible Directed Donors List (provide names)
Units from blood relatives will be irradiated unless specified otherwise

Test for CMV: Yes ☐ | Leuko-reduce: Yes ☒ | Irradiate: Yes ☐

C Pre-assessment of Autologous Donor

Aortic Stenosis ☐ Pulmonary Disease ☐ Strokes / TIA ☐ Currently Pregnant ☐
Arrhythmia ☐ Bacteremia /Infection ☐ Seizures ☐ Current Anticoagulant Therapy ☐ Weight: _____ lbs

Cardiac/Cardiovascular Disease ☐ Explain
Cardiologist/Primary Physician Must Complete Section E if present

Restriction of Physical Activity/Disability ☐ Wheelchair ☐ Other ☐ Explain

Please list current medications

D Ordering Physician's Information

Physician Name	Phone:	Fax:

Address	City	State	Zip Code

Office Contact	Diagnosis/ Surgical Procedure	Transfusion Date:

Transfusion Service / Hospital	City	State

Physician Signature: Date:

E Medical Clearance To Be Completed by Cardiologist or Primary Physician

Cardiologist/Primary Physician Name	Phone:	Fax:

Yes ☐ It is my medical judgment that the above patient has no contraindications to give his/her own blood for autologous transfusion. The patient may donate at an American Red Cross site without a physician present.
No ☐ It is my medical judgment that the above patient should not donate autologous blood.

Physician Signature: Date:

F For Red Cross Use Only

Case ID

Assessment and Evaluation of Section C Indicates Medical Clearance is Required: Yes ☐ No ☐ Signature: Date:

Medical Clearance Received by (Init/ID) Date:

Sections A, B, and D Verified by (Init/ID) Date:	CAPSTAR Verified by (Init/ID)