



Center Information:

### Special Collections Request

Please print legibly or type all information requested. Thank you.

Patient Name \_\_\_\_\_ M F \_\_\_\_\_  
Last First Middle Sex Date of Birth

Patient Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_ Weight \_\_\_\_\_ lb Blood Type (Directed Donation only) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital/Customer \_\_\_\_\_ Hospital Patient # if known \_\_\_\_\_

Hospital Address \_\_\_\_\_  
Street City State Zip

Date of Surgery/Need \_\_\_\_\_ Type of Surgery/Diagnosis \_\_\_\_\_

#### Patient Information (Autologous Only)

Donors with the following conditions will require approval from the donor's primary physician and the Vitalant Medical Director

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|---|---|
| <ul style="list-style-type: none"> <li>▪ Angina in the past 6 months,</li> <li>▪ Unrepaired aortic stenosis,</li> <li>▪ Restrictive cardiomyopathy</li> <li>▪ Current (within past 7 days) anticoagulant therapy</li> </ul> | <ul style="list-style-type: none"> <li>▪ Myocardial infarction in the past 6 months</li> <li>▪ Untreated or unevaluated arrhythmia</li> <li>▪ Currently symptomatic pulmonary disease including shortness of breath or difficulty breathing.</li> </ul> |
|---|---|

#### Component Order: Enter the quantity requesting

Autologous  Directed Enter the total quantity for each component needed.

\_\_\_\_\_ Red Blood Cells (Whole Blood is no longer available) \_\_\_\_\_ Plasma

\_\_\_\_\_ Automated Double Red Cell \_\_\_\_\_ Plateletpheresis  
Provides 2 units of red cells per collection

\_\_\_\_\_ Other \_\_\_\_\_

Directed Donor Special Request:  CMV Neg  Irradiate  Quad Pack

Print Physician Name \_\_\_\_\_ Physician Signature \_\_\_\_\_

Date \_\_\_\_\_ Physician Phone Number \_\_\_\_\_

#### Center Use Only

Date order received \_\_\_\_\_ Donor ID \_\_\_\_\_ Patient ID \_\_\_\_\_  
Protocol #(s) \_\_\_\_\_

#### Notification of Positive Markers

Physician/designee \_\_\_\_\_  
Name Date EC

Transfusion Facility \_\_\_\_\_  
Name Date EC

Facility Accept Units  Yes  No

DIN	DIN	DIN	DIN
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