South Texas Blood & Tissue Center

"Serving the community for over 30 years"

AUTOLOGOUS TRANSFUSION ORDER

Date: _____ To: South Texas Blood & Tissue Center

(THIS PAGE TO BE COMPLETED BY PHYSICIAN)

PATIENT INFORMATION

Name: _____ Social Sec. No.: _____

Address: _____ Date of Birth: _____

_____ Diagnosis: _____

Home Phone: (____)_____ Patient Weight: _____

Work Phone: (____)_____ Patient Height: _____

Does this patient have a history of bacteremia or any cardiac, renal, or respiratory disorders? ☐ Yes ☐ No

If Yes, explain:

_____

_____

Surgery	Physician
Date: _____	Name: _____
Hospital: _____	Address: _____
City: _____	Office Phone: _____ FAX: _____

Please check the component(s) required and indicate number of units.

Component	Number of Units Requested
☐ Packed Red Cells	_____
☐ Dual Red Blood Cells	_____
☐ Other: _____	_____

Please check below for any special instructions.

Special Orders	Component Modification
☐ Whole Blood	☐ Freeze
☐ Cryoprecipitate	☐ Other: _____
☐ Other: _____	

Physician Signature: _____

FAX COMPLETED FORM TO: San Antonio (210) 731-5501

AN APPOINTMENT FOR THE DONOR WILL BE MADE UPON RECEIPT OF FAX.

COLLECTION RECORD

DATE	UNIT NUMBER	DATE	UNIT NUMBER

Main Office: 6211 IH 10 West at First Part Ten Blvd. • San Antonio, Texas 78201 • (210) 731-5555 • 1-800-292-5534 • FAX (210) 731-5505
Victoria Branch: 1109 Sam Houston Drive • Victoria, Texas 77901 • (361) 576-3651 • 1-800-345-4967 • FAX (361) 573-1621