South Texas Blood & Tissue Center

"Serving the community for over 30 years"

AUTOLOGOUS TRANSFUSION ORDER

Signed Physician's order must be faxed to STBTC no later than 15 days prior to scheduled transfusion date. Autologous donors must schedule donation appointment no later than 10 days prior to surgery/transfusion date. Failure to schedule an appointment can result in units not being available. Appropriate appointments for autologous donors will be made upon receipt of completed Autologous Transfusion Order.

Fax completed orders to San Antonio Headquarters, (210) 731-5501.

Date: _____ To: South Texas Blood & Tissue Center

(THIS PAGE TO BE COMPLETED BY PHYSICIAN)

PATIENT INFORMATION

STBTC Patient ID #: _____

Name: _____
Last First Middle Initial

Social Sec. No.: _____ Date of Birth: _____

Address: _____
Street Apt # City State

Home Phone: ( ) _____ Work Phone: ( ) _____

Diagnosis: _____

Surgery Date: _____ Hospital: _____ City: _____

Patient Weight: _____

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

If Yes, explain: _____

Patient Current Medications: _____

PHYSICIAN INFORMATION

Name: _____ Office Phone: _____

Address: _____ FAX: _____

Physician Signature (or authorized designee): _____

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

Units Requested	Component
_____	Packed Red Cells
_____	Dual Red Blood Cells
_____	Other: _____

Please check below for any special instructions or modifications:

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

COLLECTION RECORD

DATE	UNIT NUMBER	DATE	UNIT NUMBER

ISO REGISTERED FIRM

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