

AUTOLOGOUS BLOOD DONATION ORDER SHEET
Newton-Wellesley Hospital Blood Donor Center

Blood Bank-FAX: 617-243-5441; Telephone: 617-243-6091

Patient name: _____ **DOB:** _____

Telephone (home): _____ **(other):** _____

Surgical procedure: _____

Date of surgery: _____ **Number of Units Requested:** _____
(NOTE: Allow at least 7-days from last scheduled donation to surgical date.)

Circle all that apply: Patient has a history of

Angina MI Dysrhythmia Aortic Stenosis Anemia Bleeding Disorder

Please indicate any other pertinent medical history:

Check as completed:

- Patient has received Autologous Donation at NWH Information Sheet and FAQs, and understands the procedure.**
- Patient has adequate venous access for 16-gauge needle. (Patients with history of phlebotomy problems should NOT donate.)**

Requesting physician (print name): _____

Physician signature: _____

Office contact person: _____ **Telephone #:** _____

For Blood Bank Use Only:

Blood Bank Medical Director review required: **Yes** **No**
Patient approved to donate: **Yes** **No**
Reviewed by/date: _____