

Autologous Donation Order Form – AUTOLOGOUS DONATION IS BY APPOINTMENT ONLY AT THE FOLLOWING LOCATIONS: Woodburn Donor Center, Centremed Donor Center and Dulles Town Center Donor Center

Note: Form must be completed and signed by physician. Fax completed form to 571-665-6439. Contact Blood Donor Services at 1-866-256-6372 to schedule an appointment.

Date _____

Patient Name _____ Date of Birth _____

Address _____

Phone Number _____

Date of Surgery _____ Shipping Destination _____ Number of Units to be Collected _____

Patient's Diagnosis and Recent Medical History

Physician Approval:

I have personally examined the patient above and have determined the patient to be a suitable candidate for autologous donation. I understand that underlying infection, severe coronary disease, and other heart conditions may be contra indications to this procedure.

Physician's Name _____

Physician's Signature (**Required**) _____ Date _____

Physicians Tel # _____ Fax _____