



Kansas City Administrative Offices
 4040 Main Street, Kansas City, 64111
 816-968-4081 Fax: 816-968-4416

Topeka Administrative Offices
 6220 SW 29th St. Topeka, KS 66614
 785-233-0195 Fax: 785-233-5953

Special Donations Record

Part I (to be completed by person ordering Special Donation)

Patient Information

First Name	MI	Last Name	Birthdate
Address		City	State Zip Code
Home Phone		Alternate Phone	
Diagnosis/Surgery			
Hospital		Surgery/Transfusion date	

Physician's Order

Donation Type <input type="checkbox"/> Autologous and/or <input type="checkbox"/> Directed *If Directed Donor: Recipient's confirmed blood type _____ Confirmed by _____	Number of Units _____
Unit Type <input type="checkbox"/> Red Blood Cells Leukocytes Reduced <input type="checkbox"/> FFP <input type="checkbox"/> Pediatric Quad/CPDA-1 <input type="checkbox"/> Donor Lymphocytes Infusion <input type="checkbox"/> Platelets Pheresis <input type="checkbox"/> Granulocytes	
Unit Specifications <input type="checkbox"/> ABO Type Identical <input type="checkbox"/> Anti-CMV Negative <input type="checkbox"/> Irradiated <input type="checkbox"/> ABO Type Compatible <input type="checkbox"/> Other _____	

Ordering Physician Information

Physician Name	Phone	Fax
Address	City	State Zip Code
Physician Signature		
Nurse/Coordinator		

Part II (to be completed by Therapeutic Services Staff)

Name	Birthdate
Social Security Number (autologous donors only)	
Medical Doctor	Phone
Donation Site	Donation Date(s)
Completed by	Date

DRS.04.F028 version 5.0

Effective: 2/22/14

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