

Special Donations Record

Instructions: Complete Part I and FAX to 816.968.4416 Therapeutic Services

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

Patient Information

| | | | | |
|-------------------|----|-----------|--------------------------|-----------------------------------------------------------------|
| First Name | MI | Last Name | Birthdate | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| 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"/> Granulocytes – Use Granulocyte Product Request (KC-FORM-1617) to order this product | |
| 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 |
| Medical Doctor | Phone |
| Donation Site | Donation Date(s) |
| Completed by | Date |