



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

Topeka Administrative Offices  
 6220 SW 29<sup>th</sup> 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 <u>*If Directed Donor:</u> 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