



BERGEN COMMUNITY REGIONAL BLOOD CENTER
 970 Linwood Ave West, Paramus, NJ 07653
 (201) 444-3900 - FAX (201) 444-1885

PHYSICIAN'S ORDER FORM FOR AUTOLOGOUS AND DIRECTED BLOOD COLLECTION

(1) Patient and Hospital Information

Patient's Full Legal Name(Last)_____ First_____ MI_____

Birthdate_____ Social Security Number XXX-XX-_____ Sex: Female () Male ()

Daytime Phone Number_____ Evening Phone Number_____

Diagnosis_____ Date of Surgery/Transfusion_____

Reason for Transfusion and/or type of surgery_____

Transfusing Hospital(complete name)_____

City_____ State_____ Zip Code_____

(2) Blood Products Order

(2a) Please indicate all products requested. Specify number of Autologous and/or Directed units.

AUTOLOGOUS	# OF UNITS
Packed Red Blood Cells	
Cryoprecipitate for "fibrin gule"	

DIRECTED	# OF UNITS
Packed Red Blood Cells	
Platelets by Apheresis	
Fresh Frozen Plasma	
Fresh Frozen Plasma by Apheresis	
200cc <input type="checkbox"/> 400cc <input type="checkbox"/>	

ABO COMPATIBLE WILL BE SENT UNLESS ABO MATCH IS SPECIFIED

(2b) Patient ABO/Rh Type_____ (Mandatory)

(2c) Request for Additional Services

() ABO Match () CMV Negative

() Irradiate all products () Leuko-reduced

() Pedi Pak Other_____

(2d) Can blood relatives donate for this patient? YES_____ NO_____

(3) Ordering Physician Information

This physician's signature is a request for blood donation and not an indication of the donor's acceptability to donate. I have explained & advised this patient of the autologous, homologous & directed donor transfusion options including potential risks.

Physician's Signature_____ Print Name_____ Date_____

Address_____ City_____ State_____ Zip Code_____

Office Phone Number_____ Fax Number_____

Mail or fax completed and signed form before first donation. Fax to 201-444-1885 or mail to above address. **The Physician MUST sign this form, a stamped signature will NOT be accepted. This is as per NJ State Department of Health.**

For Blood Center use only. Do not write below this line.

Patient Order#_____ Contact Person:_____ Evenings_____

Days_____