

The Winter Haven Hospital
Community Blood Center hours are:

8:00 am - 5:00 pm Monday, Wednesday,
Thursday, and Friday.

8:00 a.m. - 7:00 p.m. on Tuesday.

8:00 a.m. - 12:00 p.m. on Saturday.

460 First St. North, Winter Haven, FL 33881

Email: whhbloodcenter@baycare.org

Telephone: 863-297-1840
Fax: 863-291-6704

FDA Registration # 1073507
U.S. License # 1266

Autologous Blood Donations

Information for the Physician



Community Blood Center

Telephone: 863-297-1840

Information for the Physician

It is the policy of the Community Blood Center to provide the safest and most effective blood products possible to our patients. Some patients may prefer to donate their own blood for use in surgery. Certain mandatory guidelines are necessary in order to facilitate the procurement of autologous donations.

Please follow the following guidelines:

- ◆ Complete the attached requisition and **fax** to Winter Haven Hospital Community Blood Center at (863) 291-6704.
- ◆ Your patient's blood will be subject to the same serological testing as blood donated by volunteer donors. In the event of a positive serology, you, the physician, will be notified.
- ◆ An appointment should be made by the patient or the physician's office through Winter Haven Hospital Community Blood Center for the donation. To make an appointment call 863-297-1840. Donations are accepted at the Community Blood Center during the regular business hours listed in this brochure.
- ◆ The shelf life of Leukocyte Reduced Autologous RBCs is 42 days. Whole blood is no longer available.
- ◆ It is suggested that the patient begin to take iron supplements, especially if more than one unit is needed for surgery.

Please note:

- ◆ Winter Haven Hospital Community Blood Center is fully accredited and licensed by the US Food and Drug Administration. We can draw and process your patients' autologous donations and ship the units to any hospital in the United States.
- ◆ If your patient is from out of town, we will make every effort to schedule appointments for donation on the same days as doctor's appointments.
- ◆ It is the patient's responsibility to notify the Community Blood Center of any change or postponement in surgery date. Otherwise, donated units will be discarded upon outdate.
- ◆ Autologous donations cannot be accepted in emergency situations due to the time constraints involved in processing the units.
- ◆ The Community Blood Center will attempt to collect, process and store the blood for replacement transfusion. However, the number of units drawn and the interval between donations will be determined by the patient's hemoglobin, medical condition and other clinical criteria.
- ◆ Autologous donation interval should be at least 3 days apart, 7 days is preferred, and last donation 14 days prior to surgery or transfusion date.
- ◆ If the patient's hemoglobin falls below 11 g/dL (hematocrit 33%) or the patient does not meet other donation criteria, you will be notified that autologous units may not be available
- ◆ The Community Blood Center cannot be responsible for autologous donations lost due to mechanical failures beyond our control.

Physician's Request for Autologous Donation

Patient's Name: _____

Address: _____

Phone #: _____

Social Security Number: _____

Date of Birth: _____

Date of Surgery: _____

Surgical Procedure: _____

Number of Units Needed: _____

Autologous RBC's Autologous FFP

Other _____

Admitting Hospital: _____

Hospital Address: _____

Stable Cardiovascular Status? Yes No

Free of Active Infection? Yes No

I request that the autologous units collected for my patient be used even if positive for disease markers HIV 1/2 Ab, HBsAg, HBcAb, HCV Ab, HTLV I/II Ab, T.cruzi, Syphilis and/ or NAT for WNV, HIV, HBV, or HCV. I will be notified of positive results as soon as possible.

Physician's Name: _____

Physician's Signature: _____