8.0 Special Donations

Contact Information:
Special Donations Department
Carter BloodCare Bedford
2205 Highway 121
Bedford, TX 76021

Phone: (817) 412-5308
1(866) 525-3378 (toll-free number)
Fax: (817) 412-5318

8.1 Autologous Donations

8.1.1 Autologous Blood Donation Request
Form SDF801.01, Autologous Blood Donation Request, must be completed and signed by the physician. The Autologous Blood Donation Request form requests specific information about the patient, surgery date, surgical procedure, hospital, number and type of components requested, physician’s information, pre-assessment questions, physician statement and financial responsibility. An example form is included at the back of this section.

Autologous donations will be limited to whole blood units only (no automated procedures). If more than one unit is requested, please ensure the patient has an adequate amount of time before surgery to donate the needed number of units.

- For all North Texas, East Texas, and Central Texas donations, please fax the completed form to the Special Donations department at Bedford at least 10 business days before anticipated date of surgery for medical review. Donors will NOT be scheduled or permitted to donate unless the request has been received and approved.

Request forms are available from the Special Donations department and the Hospital Relations department.

8.1.2 Autologous Donation Criteria
It is not necessary for autologous donation candidates to meet all usual blood donor criteria such as weight and hemoglobin. Because of the less strict donation criteria and abbreviated
donor screening process, autologous components are restricted for the donor’s use only and are not to be crossed-over into regular stock inventory. Because the autologous donor may not be in optimal health at the time of collection, a signed consent form from the patient’s regular physician may be required. The consent must originate from the patient’s primary care physician (PCP) or physician that treats the patient’s disorder or concern. Conditions requiring consent include; history of cardiovascular problems, current pregnancy or any significant bleeding problems. **The consent must be faxed to Special Donations along with the Autologous Blood Donation Request at least 10 business days before anticipated date of surgery.**

### 8.1.3 Autologous Donation Scheduling

Once the Autologous Donation Request Form has been approved, the Special Donations department will contact the patient to schedule the appointment(s). Autologous donations may be scheduled at least three days apart. Donations should be scheduled no more than 30 days and no less than five days prior to the patient’s scheduled surgery to allow time for testing, processing, and shipping of the autologous components. Due to specific autologous requirements, autologous donations should ideally be scheduled at least 2 weeks before surgery.

Autologous donors must pay the fees for autologous units at the time of donation. Unfortunately, the fees will not be refunded if the unit(s) are not used. Please refer to your current Blood Service Agreement for cost information pertaining to collections of autologous blood products.

Autologous donations are accepted at select Carter BloodCare Neighborhood Donor Centers Monday through Thursday, by **appointment only**. Please refer to the Autologous Information Sheet for a list of the select donor centers. Walk-ins at the donor centers will not be accepted. Donors must present at the time of donation:

- Documentation to verify his/her SSN*
- A valid, unexpired photo ID

*NOTE: In the event that the patient does not have a SSN, please contact the Special Donation’s department as soon as possible to coordinate which identification number will be used.

### 8.1.4 Facility Notification of Autologous Donation

Following collection of an autologous donation, the Special Donations department faxes a copy of form SDF801.01B, Autologous Worksheet, to the facility that will receive the autologous component. The worksheet serves as facility notification that an autologous unit has been
collected for the patient. The worksheet lists the patient’s name, patient information, and the unit numbers of autologous units collected for the patient. An example form is included at the back of this section.

*NOTE: In the event of an unsuccessful autologous donation attempt, form SDF801.01C, Donation Attempt Notification Letter to Hospital, will be provided to the requesting facility and physician of record.

8.1.5 Autologous Labeling
Autologous components are labeled with the following:
- A green autologous tie tag is attached to the component bag.
- The front of the tag contains:
  - Information required if the component is a low weight/volume component
  - Eye-readable unit number
  - ABO/Rh label
- The back of the tag contains patient information that is verified against the Autologous Blood Donation Request form. The following information is recorded:
  - Collection Date
  - Donation Identification Number
  - Pre-payment status
  - Patient Name
  - Sex
  - Date of Birth
  - Social Security Number
    (NOTE: If other identification number used instead of SSN, please coordinate number with Special Donation’s department ASAP.)
  - Hospital
  - Surgery Date
  - Physician Name
  - Donor signature
- A copy of a green autologous tie tag is included at the back of this section.

8.1.6 Low Weight/Volume Autologous Red Cells
If the volume of whole blood collected is considered low volume, the weight of the unit is recorded on the front of the green autologous tie tag. Only packed red blood cells may be prepared from low volume units.

8.1.7 Autologous Unit Testing
All autologous units are tested for the following tests. Units are not released until all required testing is complete.
- ABO blood type
- Rh (D) blood type
- Total Cholesterol
- Hepatitis B Core Antibody (HBc)
• Hepatitis B Surface Antigen (HBsAg)
• Hepatitis C Antibody (HCV)
• HIV-1/2 Antibody (HIV-1/2)
• HTLV-I/II Antibody (HTLV-I/II)
• Indirect Antiglobulin Test (IAT)
• Serological Test for Syphilis (STS)
• Anti- T-Cruzi,(Chagas’), one time testing per donor
• Nucleic Acid Amplification testing (NAT) for HIV-1, HCV, HBV
• Nucleic Acid Amplification testing (NAT) for West Nile Virus (WNV)

Any abnormal test results are reported to your facility Transfusion Service and the patient’s physician on form SDF802.01A, Autologous Blood with Abnormal Test Results Notification, prior to product shipment. A copy of the notification form is included in this section. The donor is also notified directly by Carter BloodCare of any clinically significant results or results that would cause the donor to be deferred.

Confirmatory or supplemental testing is automatically performed on any reactive viral marker tests. These test results will be provided to the patient’s physician.

Autologous units with confirmed HBsAg, anti-HIV 1/2, anti-HTLV I/II and/or NAT, will not be routinely sent to your facility. Such units will be discarded unless the Transfusion Service physician requests delivery in writing. In the event that the unit tests positive for one or more of these tests, the Special Donations department will contact your facility to obtain approval for delivery or discard, unless a standing policy has previously been established. Units positive for NAT WNV will not be available for transfusion. Units positive for infectious disease markers sent to facilities for transfusion will be labeled with a Biohazard label.

Units with other positive tests will automatically be shipped to the patient’s healthcare facility unless the facility Transfusion Service notifies Carter BloodCare’s Special Donations department that the facility will not accept shipment of autologous units with specific reactive laboratory tests. Units with reactive viral marker test results will be labeled with a Biohazard label.

8.1.8 Special Considerations
In the event, for any reason, an autologous unit is not available to be shipped, the Special Donations department will notify your facility and the patient’s physician as soon as possible.
8.1.9 *Policy for Freezing Autologous Red Blood Cells*

Carter BloodCare will freeze autologous red blood cells based on the following.

- The patient has a rare blood type or multiple alloantibodies or other serological problems.
- The patient will need blood for a procedure that cannot be scheduled (i.e., delivery of a baby or awaiting cadaveric renal transplantation).
- The patient has had surgery postponed and will be unable to donate again due to a medical condition (i.e. patient with infection).
- To salvage a unit that has been air-contaminated, if time permits (at no charge to the hospital).

Carter BloodCare will not freeze the following:

- Whole blood
- Red blood cells with reactive infectious disease test results.

To freeze an autologous red cell component:

- The patient’s physician must submit a written order to freeze the autologous red cells. The physician’s office completes form SDF801.01E, Frozen Autologous Red Blood Cell Management Record, and submits it to the Special Donations department by fax or mail.
- Carter BloodCare’s medical staff must approve the freeze procedure if it does not fit the above criteria.
- The Special Donations department will notify your facility of the request to freeze, by faxing the form to your facility.
- The healthcare facility must sign the form, accepting responsibility for any associated fees and return the form to the Special Donations department.
- The Special Donations department will make any necessary arrangements to return the component to Carter BloodCare for freezing.

Unless otherwise specified, frozen units will be discarded 90 days from the date frozen. If the unit is to remain frozen for longer than 90 days, an additional storage fee will be charged. Units with rare blood types or complicated serological problems may be frozen for extended periods of time without incurring additional fees. Please call for more information on freezing autologous red cell components.

8.2 Directed Donations

8.2.1 *Directed Blood Donation Request*

Form SDF801.02, Request for Directed Donation, must be completed by the patient’s physician prior to donor collection. The Request for Directed Donation form requests specific
information including the patient name, physician contact information, intended date of use, financial responsibility, and additional information for the patient and physician.

Directed donations **will not** be handled on an emergency basis, unless medical necessity can be justified.

The Request for Directed Donation must be faxed **at least 10 business days** before anticipated date of transfusion to the Bedford Special Donations department for all directed donations in North Texas, East Texas, and Central Texas.

Request forms are available from the Special Donations department or the Hospital Relations department. An example form is included at the back of this section.

### 8.2.2 Donation Criteria

Directed donors must meet all Carter BloodCare donor eligibility requirements.

Special circumstances will be considered for those donors that do not meet the donor criteria; however, units collected under special circumstances are considered “restricted” units and must be approved in advance by our medical staff. Please contact the Special Donations department with any questions concerning donor criteria.

Directed donors waive the right to donor anonymity; however, medical information pertaining to the donor giving the directed donation remains confidential.

To prevent alloimmunization, the donor for a female patient of childbearing age should not be the husband, husband’s blood relatives or male partner.

Carter BloodCare will collect directed units without prior typing of the donor(s); however, donors can be typed prior to donation at select Neighborhood Donor Centers. A fee is charged and the donor is responsible for the fee when the blood sample is drawn. The results of the ABO typing will not be available for 24 to 72 hours. Results will be mailed to the donor or may be provided over the phone with proper identification. Only those units which are ABO/Rh compatible with the patient will be crossmatched and delivered to the patient’s healthcare facility.

### 8.2.3 Acceptable Directed Donor List

The patient or patient’s family must arrange for a sufficient number of donors. The ordering physician must complete SDF801.02A, Acceptable Directed Donors List, and fax it with the Directed Donation Request Form **at least 10 business days** before intended date of use. Each donor on the list must be approved by the patient, a legal guardian of the patient, or an individual with legal power of attorney of the patient. If the form is not available, a handwritten list following the guidelines above must be provided to Carter BloodCare.
This form is available from the Special Donations department and from the Hospital Relations department. An example form is included at the back of this section.

8.2.4 Directed Unit Irradiation
Directed units collected from blood relatives (i.e., mother, father, sister, brother, aunt, uncle) will be irradiated as recommended by the AABB to prevent graft versus host disease. There is an additional charge for the irradiation.

8.2.5 Directed Donation Scheduling
Once the Directed Blood Donation Request Form and Acceptable Directed Donors List have been approved, the Special Donations department will contact the family to schedule the appointments for donation.

Donations for red blood cells, cryoprecipitate and fresh frozen plasma must be scheduled at least five days and no more than 14 days before the intended date of use. Directed donations for apheresis platelets must be scheduled at least three days in advance of the intended date of use.

Directed donations are accepted at select Carter BloodCare Neighborhood Donor Centers Monday through Thursday, by appointment only. Please refer to the Directed Donation information sheet for a list of the select donor centers.

Directed blood donors must pay a handling fee for directed units at the time of donation. Unfortunately, the fees will not be refunded if the unit(s) are not used for the patient. Please refer to your current Blood Service Agreement for cost information pertaining to collection of autologous or directed blood products. Medicare, Medicaid, Workers' Compensation, Texas Scottish Rite Hospital and TriCare donors will be exempt from the handling fee.

All directed donations are scheduled through the Special Donations department in Bedford for North Texas, East Texas, and Central Texas donation centers.

8.2.6 Facility Notification of Directed Donation Collection
Following collection of a directed donation, the Special Donations department faxes a copy of form SDF801.02B, Directed Worksheet, to the facility that will receive the directed component. The worksheet serves as facility notification that a directed unit has been collected for the patient. The worksheet lists the patient’s name, information, unit number, and type of component collected. An example form is included at the back of this section.

NOTE: In the event of an unsuccessful directed donation attempt, form SDF801.01C, Donations Attempt Notification Letter to Hospital, will be provided to the physician of record and the requesting facility.
8.2.7 Directed Component Labeling
A purple Directed Donation tie tag is attached to the component bag.
   The front of the tag contains the following information:
   • Donation Identification Number
   • Pre-payment status
   • Patient name
   • Social Security Number, or other identification number
   • Ordering physician
   • Facility
   • Surgery date
   The back of the tag indicates whether or not the donor is a blood relative of the recipient.

8.2.8 Directed Unit Testing
All directed donations are tested for the following tests. Units are not released until all testing is complete.
   • ABO blood type
   • Rh (D) blood type
   • Total Cholesterol
   • Hepatitis B Core Antibody (HBc)
   • Hepatitis B Surface Antigen (HBsAg)
   • Hepatitis C Antibody (HCV)
   • HIV-1/2 Antibody (HIV-1/2)
   • HTLV-I/II Antibody (HTLV-I/II)
   • Indirect Antiglobulin Test (IAT)
   • Serological Test for Syphilis (STS)
   • Anti-T-Cruzi (Chagas’), one time testing per donor
   • Nucleic Acid Amplification testing (NAT) for HIV-1, HCV, HBV
   • Nucleic Acid Amplification testing (NAT) for West Nile Virus (WNV)

NOTE: Units with abnormal or reactive test results will not be released to the facility for transfusion.

8.2.9 Special Considerations
In the event, for any reason, that a directed unit is unavailable to be shipped, the Special Donations department will notify your facility and the patient’s physician as soon as possible.

Directed red blood cells will not be frozen. Exceptions may be made in special circumstances if the unit qualifies under Restricted Donation criteria. Please refer to 8.3 Restricted Donations for more information.
8.2.10 **Directed Unit Crossover**

Directed units not used by the patient may be crossed over into regular stock inventory at the hospital’s discretion or may be returned to Carter BloodCare to be placed into general inventory as outlined in the Blood Service Agreement. The directed handling fee associated with a unit will not be credited if the unit is returned.

8.3 **RESTRICTED DONATIONS**

Restricted donations are directed components collected from donors who have not met regular donor eligibility requirements, but have been approved by Carter BloodCare’s medical staff for collection and transfusion into an intended recipient. These units are not crossed over into regular inventory. Restricted components are tested, processed, and labeled the same as other directed components; however, an additional orange tie tag, stating the donation is “RESTRICTED” and should not be crossed over into regular inventory, is attached to the component bag. An example of a Restricted Donation tie tag is included at the back of this section. Restricted red blood cells may be frozen depending on the nature of the component and the medical condition (see ‘Policy for Freezing Autologous Red Blood Cells’ in the Autologous Policies Section).

Restricted blood donors must pay a handling fee for restricted units at the time of donation. Unfortunately, the fees will not be refunded if the unit(s) are not used for the patient. Please refer to your current Blood Service Agreement for cost information pertaining to collection of autologous or directed blood products.

Restricted units may not be crossed over into regular inventory and upon release from the facility and return to Carter BloodCare will be properly discarded.

8.4 **THERAPEUTIC PHLEBOTOMY**

8.4.1 **Therapeutic Donor Request**

Form SDF801.03, Therapeutic Donor Request, must be received by the Special Donations department at least 5 business days prior to the desired date of phlebotomy. If enrolling donor/patient into Carter BloodCare’s HH (hereditary hemachromatosis) or LOT (low testosterone) programs, additional time must be allowed for processing of paperwork and final approval to enter the program.

A request form can be obtained by calling the Special Donations department or Hospital Relations department. The order must include the following information:

- Patient name, gender, DOB and ID number (please do not provide social security number)*
8.4.2 Therapeutic Donation Criteria

Certain therapeutic donors who have been diagnosed with hereditary hemachromatosis (HH) or patients receiving testosterone therapy requiring therapeutic phlebotomy as part of their treatment (LOT) may qualify to have their units used for transfusion through special programs. These programs require a physician’s prescription and enrollment in the programs. Please contact the Donor Notification department for additional information on these programs.

All other therapeutic patients, including HH or LOT donors who do not qualify for the special programs, do not meet established criteria as regular volunteer donors and will be indefinitely deferred from future allogeneic blood donations. With the exception of donors qualifying into our special HH and LOT programs, all blood products drawn from therapeutic donors may not be used for transfusion and are discarded.

It is not necessary for therapeutic donation candidates to meet all usual blood donor criteria such as weight and hemoglobin. Because the therapeutic donor may not be in optimal health at the time of collection, a signed consent form from the patient’s regular physician may be required. The consent must originate from the patient’s primary care physician (PCP) or physician that treats the patient’s disorder or concern. Conditions requiring consent include history of cardiovascular problems, current pregnancy or any significant bleeding problems. The consent must be faxed to Special Donations along with the Therapeutic Donor Request at least 5 business days before anticipated date of phlebotomy.

8.4.3 Therapeutic Phlebotomy Scheduling

Once the Therapeutic Donor Request has been approved by the Special Donations department, a staff member will contact the patient to schedule the phlebotomy.
Therapeutic phlebotomies are accepted at select Carter BloodCare Neighborhood Donor Centers and must be scheduled in advance. Please inform your patients that walk-ins will not be accepted.

Therapeutic phlebotomies are scheduled through the Special Donations department for collections at North Texas, East Texas, or Central Texas donation centers Monday through Friday. Please refer to the Therapeutic Donation information sheet for a list of the select donor centers.

8.4.4 Associated Fee
A fee is charged for all donors at the time of the procedure. Carter BloodCare will accept a money order, cashiers check or travelers check, or, if arranged in advance, a credit card as forms of payment. A convenience fee applies for the credit card. Cash will not be accepted.

8.4.5 Unit Disposition
Units collected from a therapeutic phlebotomy procedure are not acceptable for release into general inventory. Units are not tested and are discarded after withdrawal.

8.5 Special Donation Example Forms:

8.5.1 Autologous Forms
- SDF801.01, Autologous Blood Donation Request
- SDF801.01B, Autologous Worksheet
- SDF801.01C, Donation Attempt Notification Letter to Hospital
- SDF802.01A, Autologous Blood with Abnormal Test Result Notification
- SDF801.01E, Frozen Autologous Red Blood Cell – Management Record
- DCL255, Autologous Tie Tag (double sided)
- Autologous Donation Information

8.5.2 Directed, Restricted and Therapeutic Forms:
- SDF801.02, Request for Directed Donation
- SDF801.02A, Acceptable Directed Donor List
- SDF801.02B, Directed Worksheet
- DCL325, Directed Donation tie tag (purple) (double sided)
- DCL500, Restricted Donation tie tag (orange)
- Directed Donation Information
- SDF801.03 Therapeutic Donor Request
- Therapeutic Donation Information