

AUTOLOGOUS INFORMATION FOR PHYSICIANS

A. Criteria

1. Minimum time between collections is 3 days.
2. Patient must have minimum Hgb of 11gms or Hct of 33%.
3. You may wish to instruct patient to take supplemental iron, especially if several units are ordered.
4. Red cell units have a 42-day outdate.
Whole blood units have a 35-day outdate.
5. Due to NAT testing a minimum of 5 days is required between the last autologous collection and the date of surgery for a hospital within our service area. If shipping to a hospital outside our service area we need 7 days. These are preferably working days.

B. Important Information for you.

1. Fees for autologous donations are billed to the patient through the hospital. Contact Special Donations at Community Blood Center for any specific fee information.
2. Following collection or attempted collection of autologous blood, the prescribing physician and hospital transfusion services will be notified of availability of units.
3. The following tests are done on all autologous units. They include:
 - a. ABO/Rh
 - b. Antibody screen
 - c. Nucleic Acid Amplification Testing for HCV, HIV and WNV
 - d. Antibody Test for, HIV 1\2, Hepatitis B & C, HTLV I &II
 - e. HBsAG
 - f. Test for Syphilis & ALT
4. All autologous units collected are for autologous transfusion only and will have a biohazard label whether they have positive test results or not. AIDS related questions are not addressed with autologous patients.
5. Components other than red cells and whole blood are available on request.
6. The Technical Services department at Community Blood Center will notify the prescribing physician of any positive test results prior to patient's surgery.
7. It is the prescribing physicians' responsibility to explain positive test results and their significance to the patient. Issues to discuss with the patient are but not limited to:
 - a. Significance of the test result to the patient's health and the planned surgery.
 - b. Will surgery be postponed?
 - c. Should the patient see their primary care physician prior to or after surgery?
 - d. Should the patient have re-testing done?

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8. Community Blood Center will notify the patient of positive test results after surgery.

9. **Concerning Positive Test Results**

● **For Indiana only**

Indiana **does not** allow the release of Autologous units with the following test results:

HIV NAT positive irrespective of the EIA results.

HIV I/II EIA positive irrespective of the confirmatory results.

The patient must be transferred to Ohio to be transfused with these units.

● **For Ohio only**

The Medical Director at Community Blood Center will notify the patient's physician of these test results.

HIV NAT positive irrespective of the EIA results

HIV I/II EIA positive irrespective of the confirmatory results

★ These units can be released with written permission of the patient's physician and the Hospital Transfusion Service Pathologist.

● **For Indiana and Ohio**

HBsAG confirmed positive The Medical Director at Community Blood Center will notify the patient's physician to determine component disposition. ★

HBsAG with negative or indeterminate confirmatory results will be released with written approval of the ordering physician and the Hospital Transfusion Service Director.

WNV NAT positive The Medical Director at Community Blood Center will notify the patient's physician to determine component disposition. ★

All other positive test results Antibody to HCV, HCV NAT, HTLV, STS, HBc, and ALT are released to the hospital for transfusion.

★ **NOTE: The Medical Director at Community Blood Center must speak directly to the patient's physician and not to an office staff person.**

C. Contraindications to autologous donation.

1. Sepsis/active infection
2. Unstable angina
3. Uncontrolled hypertension
4. Scheduled surgery to correct aortic stenosis
5. Sustained ventricular tachycardia
6. Severe left main coronary artery stenosis
7. Transient ischemic attacks
8. Active seizure disorder
9. Myocardial infarction or Cerebrovascular accident within 3 months

D. Blood for autologous donation will not be collected if

1. Hematocrit is less than 33% or hemoglobin is less than 11 gms.
2. Patient has or is being treated for bacteremia.
3. Any sign or symptoms of acute infection are present.
4. Patient is in first trimester of pregnancy or beyond 36th week.
5. Patient weighs less than 70 lbs. unless approved by Medical Director.

E. Risks associated with autologous donation

1. Reaction to donation - usually minor and of short duration. Symptoms include dizziness, nausea, vomiting, and occasionally, loss of consciousness. Local reactions to the phlebotomy can also occur, and include pain at the needle insertion site, bruising, and possible nerve damage.
2. Mild anemia - due to frequent donations.
3. Hemolysis at time of re-infusion - can be due to undiagnosed patient conditions, such as hereditary spherocytosis. Hemolysis may also be caused by improper storage, handling, or infusion of packed cells.

F. When autologous donation has been decided upon:

1. Notify the hospital that autologous transfusion has been ordered.
2. Complete and fax NURS Form #64, **PHYSICIAN'S AUTOLOGOUS ORDER** to Special Donations Department or Branch Supervisor ASAP. Fax numbers are located at the top of NURS Form #64. A verbal order may be taken per telephone and followed by a written order.
3. Instruct patient to contact Community Blood Center, Special Donations Department to schedule appointments to donate in the Dayton center (937) 461-3207, 461-3378, or 461-3214 if outside the Dayton area call 1-800-388-4483). For appointments at any of the CBC branches, have the patient contact the branch where they would like to donate. Branches are listed on **INSTRUCTIONS/INFORMATION TO PATIENT FOR AUTOLOGOUS COLLECTION** with telephone numbers. They are located in Springfield, Hamilton, and Middletown, Ohio, and Richmond, Indiana.
4. Special Donations at Community Blood Center is to be notified if surgery is canceled or postponed at (937) 461-3207, 461-3378, or 461-3214.

G. Frozen storage

1. Frozen storage is recommended if more units are ordered than can be collected within the shelf life of the units prior to surgery, or if surgery is postponed. There are fees for freezing units that are billed to the patient.
2. Notify CBC as soon as freezing the unit is considered, preferably at least one week in advance of expiration date of unit, or within five days of collection.
3. Frozen units will be stored six months, at which time the physician and the patient will be notified that units will be discarded unless a specific request to continue storing the units is received within 30 days.
4. **Physicians must notify the hospital Transfusion Service when frozen unit/units need to be made available. Thawed, deglycerolized units outdate 24 hours after thawing. Do not call the Community Blood Center first. This must be coordinated between physician's office and hospital Transfusion Service where patient is to have surgery.**

H. Consultation

If your patient cannot meet criteria for autologous donation you may consult a Community Blood Center Medical Director or Associate Medical Director to discuss your patient needs.

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