

**Referral letter for autologous blood transfusion
(For hospital clinician use only)**

Dear Colleague,

This patient has requested autologous transfusion for his/her operation. I have discussed this with the patient, and am of the opinion that he/she is medically suitable for the procedure. I would be grateful if you could see him/her with a view to make necessary arrangements.

Please fill in the box with X

Patient Information	
Name : _____ Sex : <input type="checkbox"/> M <input type="checkbox"/> F	
Date of birth : ___ (D)___(M)___(Y)	
Phone number : _____ SSM/OPD/Hospital number : _____	
History	
Heart disease : <input type="checkbox"/> Yes <input type="checkbox"/> No ; Neoplasm : <input type="checkbox"/> Yes <input type="checkbox"/> No ; Epilepsy : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Test/Physical examine	
Hemoglobin : _____ (g/dl) Weight : _____ kg	
HBsAg : <input type="checkbox"/> Negative <input type="checkbox"/> Positive ; Anti- HIV : <input type="checkbox"/> Negative <input type="checkbox"/> Positive	
Anti- HCV : <input type="checkbox"/> Negative <input type="checkbox"/> Positive ; ECG : <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	

Blood Ordering Information	
Diagnosis : _____	
Name of operation : _____ Date of operation: ___(D)___(M)___(Y)	
Requested number of Red Cells (maximum is 4) : _____ units	
Physician Information	
<input type="checkbox"/> C.H.C.S.J <input type="checkbox"/> K.W.H <input type="checkbox"/> U.H	
Department : _____ Tel: _____ Fax: _____	
Physician's Name (BLOCK LETTERS) : _____	

Date : ___ (D)___(M)___(Y)

Physician's Signature : _____

Predoposit autologous blood transfusion

Introduction

Some patients can donate their own blood - up to 4 units in advance of their own planned operation. It can be stored for up to 5 weeks using standard blood bank conditions. It must be tested, processed, labeled and stored to the same standard as donor blood. Before re-transfusion, autologous blood units must be ABO and RhD grouped and compatibility checked.

- Preoperative transfusions are scheduled and made at CTS two to five weeks before operation.
- Service available on prescription basis
- Autologous transfusion does not guarantee patient will not need additional banked blood.
- Autologous transfusion can make donor anemic and can increase chance of getting banked blood.
- Autologous blood is subjected to same risks of clerical error and bacterial contamination that affect banked blood.

Conditions suitable for patients to donate their own blood for surgery

- Patients aged under 70 years
- Operations with a high blood loss and likely to need red cell transfusion.
- Date of surgery fixed, so the blood does not become outdated.
- Patient is able to be present to his/ her blood collected.
- Patient's initial haemoglobin not less than 11g/dl.
- There is sufficient time before surgery to donate at least 2 units of blood.
- Iron replacement is required during predeposit procedure.