SUNY DOWNSTATE MEDICAL CENTER BLOOD BANK
450 CLARKSON AVENUE●BROOKLYN, NY 11203
Telephone # (718) 270-4630 Fax # (718) 270-1165

BLOOD BANK/ TRANSFUSION SERVICE THERAPEUTIC APHERESIS INFORMATION FORM

I _____ OF THE _____ SERVICE, AM
Physician's Name Physician's Department

INFORMING THE BLOOD BANK/TRANSFUSION SERVICE THAT I WILL ARRANGE WITH THE NEW YORK BLOOD CENTER (NYBC) FOR THE FOLLOWING THERAPEUTIC APHERESIS PROCEDURE(S):

☐ **PLASMAPHERESIS** ☐ **ERYTHROCYTAPHERESIS** ☐ **LEUKAPHERESIS** ☐ **PLATELETPHERESIS** ☐ **OTHER** _____

EACH PROCEDURE WILL PROCESS _____ BLOOD VOLUMES. A COURSE OF _____ THERAPEUTIC APHERESIS PROCEDURES/DAY FOR _____ DAYS IS PLANNED FOR:

_____.
Patient's Name MR # Location Responsible Physician

THIS PROCEDURE IS MEDICALLY INDICATED, FOR THE DIAGNOSIS OF _____

_____.

I AM AWARE THAT THE NYBC AND STATE UNIVERSITY OF NEW YORK (SUNY) DOWNSTATE MEDICAL CENTER (DMC) BLOOD BANK HAVE REQUIREMENTS AND DOCUMENTATION THAT MUST BE AGREED ON AND/OR COMPLETED PRIOR TO INITIATION OF THE PROCEDURE. THESE INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING:

Discussion of indications with the SUNY DMC Blood Bank Director or physician designee, and/or with the Hematology or Renal fellow/Attending.

Designation of the SUNY DMC physician responsible for scheduling and on-site medical coverage of the apheresis procedure(s), with his/her beeper number provided to NYBC and SUNY DMC Blood Bank.

Submission to the Blood Bank of a specimen for type and screen, with follow up orders for blood products.

Physician's orders* for placement (if necessary) of an appropriate venous access device and for infusion of appropriate replacement fluids/blood products.

Signed (by patient, next of kin, or legal guardian) separate consent forms*, for the placement (if necessary) of an appropriate venous access device, for the apheresis procedure(s) and for associated transfusions.

Intravenous insertion in the subclavian, internal jugular or femoral veins of a medical device such as a double lumen dialysis catheter (Shiley, Vascath, Quinton, etc.) for patients undergoing repeated procedures, or patients with high platelet counts; for other patients, especially those with "good" veins or who need only one procedure, two prominent antecubital veins and two 1.7 gauge Terumo butterflies may suffice. X-ray verification must be documented in the patient record, for subclavian and internal jugular vein catheters.

Constant monitoring, requiring transfer of the patient to an intensive care or comparable unit.

Transfusion sets with standard 170 µm filters should be used, unless otherwise directed by Blood Bank.

More than 2 units of red blood cells or fresh frozen plasma must be kept in a monitored Blood Bank refrigerator or in a cooler/box with wet ice during the procedure until needed. These will be issued in such a cooler/box from the Blood Bank. The cooler/box must be returned after the procedure. If stored in this manner and otherwise acceptable and intact, issued units can be accepted back into the Blood Bank inventory.

*These should be in the patient's medical record.

I understand that the procedure will be performed by a nurse from the New York Blood Center with in-house physician coverage provided by me or my designee.

I will provide the appropriate physician beeper number to the NYBC nurse. I understand that following approval of this request by the Blood Bank Attending physician, I or my physician designee must contact NYBC (1-800-842-2566; or 1-914-784-4545) and provide information including: **Patient name, medical record number, diagnosis, weight, height, hematocrit and other pertinent laboratory values, plans for course of therapy, and the telephone number of the SUNY DMC Hospital Police Command Center (Room A1-339; ext. 2626) for potential parking or security issues.**

I or my physician designee will inform the SUNY DMC Blood Bank [(718) 270-4630] of any scheduled procedures, and of anticipated related needs for blood products and will order these products from the Blood Bank. If procedures are cancelled, I or my physician designee will inform NYBC and the SUNY DMC Blood Bank. I understand that once a procedure has been scheduled, I or my physician designee will notify the SUNY DMC Hospital Police Command Center to alert them of the probable date(s) and time(s) of arrival of the NYBC pheresis van.

I understand that blood products should be ordered from the SUNY DMC Blood Bank in the usual manner, except that plasma products should be thawed prior to the arrival of the NYBC nurse, and also Albumin (when needed) should be ordered from pharmacy and available at the patient's bedside when the NYBC nurse arrives. The NYBC nurses will call the SUNY DMC Blood Bank the night before and one (1) hour before each scheduled procedure to confirm that they are coming. The Blood Bank staff then will confirm with the designated physician that he/she is aware of the procedure and authorizes thawing the plasma products, for it. The Blood Bank staff then will thaw the plasma products.

I will fax or otherwise deliver this signed document to SUNY DMC Blood Bank prior to initiation of the procedure.

_____ _____ _____
Signature Beeper/Cell phone Number Date

Implemented 1/2/02; Revised 2/02; 4/02, 5/02, 5/02, 12/07, 4/09, 11/09