



Center Information:

## Attending Physician's Request For Therapeutic Apheresis

Procedure Requested \_\_\_\_\_ Requested Start Date \_\_\_\_\_

Frequency/Duration \_\_\_\_\_

Quantity of Component to be Removed per Procedure \_\_\_\_\_

Replacement Fluid Requested \_\_\_\_\_  Use blood warmer at  37°

39°

Vascular Access \_\_\_\_\_  41°

### Patient Information

Name \_\_\_\_\_ Facility \_\_\_\_\_ Room # \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ HCT \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

MEDICAL HISTORY \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

The procedure has been explained to the patient and verbal consent has been obtained. The patient has been sufficiently hydrated to tolerate the procedure.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_ Phone Number \_\_\_\_\_

### UBS USE ONLY

Date/Time Request Received \_\_\_\_\_ Received By \_\_\_\_\_

Assigned Staff \_\_\_\_\_

Date/Time Referred to Medical Director \_\_\_\_\_

#### United Blood Services Medical Director's Approval:

Medical Director Comments \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_