

 <p>Blood Systems, Inc.</p>	<p>CENTER INFORMATION: A</p> <p>ATTENDING PHYSICIAN'S REQUEST FOR THERAPEUTIC APHERESIS</p>	
<p>Procedure Requested _____ B Requested Start Date: _____ C</p>		
<p>Frequency/Duration: _____ D</p>		
<p>Quantity of Component to be Removed per Procedure: _____ E</p>		
<p>Replacement Fluid Requested: _____ F</p>		
<p>Vascular Access: _____ G</p>		
<p>PATIENT INFORMATION</p>		
<p>Name: _____ H Facility: _____ H Room # _____ H</p>		
<p>Age: _____ I Sex: _____ I Height: _____ I Weight: _____ I HCT: _____ I</p>		
<p>DIAGNOSIS: _____ I</p>		
<p>MEDICAL HISTORY: _____ I</p>		
<p>MEDICATIONS: _____ I</p>		
<p>The procedure has been explained to the patient and verbal consent has been obtained. The patient has been sufficiently hydrated to tolerate the procedure.</p>		
<p>Physician's Signature: _____ J Date: _____</p>		
<p>Name (Please Print): _____ Phone Number: _____</p>		
<p style="text-align: center;">UBS USE ONLY</p> <p>Date/Time Request Received: _____ K1 Received By: _____ K2</p> <p>Assigned Staff: _____ K3</p> <p>Date/Time Referred to Medical Director: _____ K4</p> <p>United Blood Services Medical Director's Approval:</p> <p>Medical Director Comments: _____ K5</p> <p>Signature: _____ K6 Date: _____ K6</p>		

