

ASED Patient Information

Name: _____
LAST FIRST MI

Birth Date _____ Gender: Male Female

Address _____

City _____ State _____ Zip Code _____ Phone # _____
DAYTIME EVENING

Hospital Information — Do Not Abbreviate

Facility Name _____

City/State/Zip _____

ASED Order Information (refills)

_____ number of ASED 250ml collections to be drawn

Physician's Preassessment for Autologous Donors Only:

Medical Clearance: Please complete the following information regarding the patient's medical status and provide all medical conditions and medications (list can be continued on an additional sheet).

Past or Present Medical Conditions:	Medication:
_____	_____
_____	_____
_____	_____
_____	_____

Ordering Physician Information

Name: _____ Phone # _____ Fax # _____
LAST FIRST

Physician's Signature: _____ Date: _____ NYBC Approval: _____
(Initial & Date)

Address _____ City _____ State _____ Zip _____

By signing above, you confirm that your patient does not have any significant cardio or cerebrovascular, pulmonary or other disease that would serve as medically contraindicated to donation.

FAX COMPLETED ORDERS TO (516) 334-4936. ONCE THE ORDER FORM HAS BEEN FAXED HAVE YOUR PATIENT CALL NYBC'S SPECIAL COLLECTIONS OFFICE AT 1-800-439-6876 TO SCHEDULE THEIR DONATION.

Instruction for Autologous Serum Eye Drop (ASED) Donation:

1. Follow doctor's instructions including those for any blood tests or medications.
2. Have your physician complete the reverse side of this form.
3. Check that all of the information in the **Patient Information** section is complete and accurate.
4. Patients with **cardiovascular, cerebrovascular, or hematologic medical conditions** must have Medical Clearance to enable their donation; *the ultimate responsibility for safety of donation lies with the ordering physician.*
5. Fax or mail the completed form to the New York Blood Center (NYBC). Call the NYBC to set up a donation appointment. See below for addresses and telephone numbers.
6. **For all donations:** official identification with signature, proof of age and/or photo is required.
7. **Autologous donors are eligible to donate if their hematocrit is $\geq 33\%$.**
8. **Approximately 250ml of blood will be collected from ASED donors.**

Upfront Charges: The cost per ASED collection is \$575 and must be paid by the ASED donor at the collection site prior to the blood collection. Donors may pay by credit card, check or money order.

Shipping Information:

Collection, processing, testing and shipping of blood requires 3 weeks for ASED units. We do not guarantee delivery if there are problems encountered with donor eligibility or results of laboratory testing. All blood delivered to the hospital or medical facility becomes the exclusive property of that hospital or medical facility. They have the unlimited right to use or dispose of the blood at their discretion.

Please send completed SIGNED form before the first blood donation appointment to:

**New York Blood Center
Special Collections Department
1200 Prospect Avenue
Westbury NY 11590-2723
PHONE: 800-439-6876 FAX: 516-334-4936**