

REQUEST FORM: AUTOLOGOUS AND DIRECTED PROGRAMME



All sections of this form must be completed

To be completed by attending Practitioner:

Please tick (✓) (where appropriate).

The following issues (points 1-6) have been discussed with the patient in respect of the Programme.

	Yes	No
1. Advantages and disadvantages.		
2. Routine blood investigations performed: HIV, HBV, HCV, TPHA.		
3. Transfusion during and after surgery will only occur if medically indicated. (Not applicable to Eye Serum)		
4. Possibility of supplementing the programme with blood from regular donors.		
5. Cost involved and pre authorization if eye serum is requested.		
6. Approximate costs involved.		

Following a medical assessment, I request that my patient be considered for:

a) Autologous

Please attach FBC – Results < 1 week (Not applicable to Eye Serum):

b) Directed (Adult / Paediatric)

Please attach Blood Group of Recipient: _____

Blood Groups of Potential Donors: _____

Informed consent Signature: Patient _____ Doctor: _____

Date: _____

I have had the above points (1-6) explained to me and I understand the contents.

Irradiation required (circle requirement): Yes / No

Leucodepletion Required: Yes / No
Circle requirement)

Note: RBC

Irradiation reduces expiry time to 24 hours for paediatric units and 14 days for adult units. Irradiation and Leucodepletion not applicable to Eye Serum.

Please note that irradiation services are not available over weekends in all areas of SANBS.

Date Product Required:

Blood Product Required:

Mark the required product below with an X

Number of units requested

<input type="checkbox"/>	- WHOLE BLOOD	<input type="text"/>
<input type="checkbox"/>	- RED CELL CONCENTRATE	<input type="text"/>
<input type="checkbox"/>	- PAEDIATRIC RED CELL CONCENTRATE	<input type="text"/>
<input type="checkbox"/>	- RED CELL CONCENTRATE WITH FRESH FROZEN PLASMA	<input type="text"/>
<input type="checkbox"/>	- EYE SERUM	<input type="text"/>
<input type="checkbox"/>	- OTHER (PLEASE SPECIFY) _____	<input type="text"/>
<input type="checkbox"/>	- HLA PLATELETS	<input type="text"/>
<input type="checkbox"/>	- APHERESIS PLATELETS	<input type="text"/>

Patient Details:

Full Name: _____

Surname: _____

ID Number: _____

Contact Numbers: (Home) _____

(Work) _____

(Cell) _____

E-mail Address: _____

Diagnosis: _____

Type of surgical procedure: _____

ICD 10 Code: _____ Hospital and Area: _____

Medical History (e.g. Cardiac, Diabetes, Epilepsy, Allergies, Previous Transfusion Reaction):

Medication:

Doctor's Details:

Practice Number	VAT Number

Doctor's Name and Surname: _____

Phone: _____ Fax: _____ Cell: _____

Signature: _____ Date: _____

Note: Doctors Requesting Eye Serum

If the patient does not meet SANBS Donor Criteria may a unit of blood be collected from a regular donor for the purpose of making Eye Serum drops for the patient?

Yes	No
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Eye Serum:

Donors must avoid fatty foods at least 24 hours prior to donation; this is to prevent lipemic serum that blocks filters in the production process.

Doctor Signature: _____

Date: _____

For Office Use only:

	Programme	Unit Number	Date of donation	Donor	Donor Number
1.					
2.					
3.					
4.					

Autologous SANBS Medical Examination:
 Telephone Consultation
 Sister-in-Charge envelope sent / given:
 (Not applicable to Eye Serum)

YES	NO
YES	NO
YES	NO

FOR LABORATORY USE: EYE SERUM PRODUCTS ONLY

ASED	SED	SAP Required Number (Attach SAP Barcode below):	ACC:	SPECIMEN NUMBER	MRI NUMBER

Autologous and Directed Programme SANBS
 Toll Free: 080011 9031
 Website: www.sanbs.org.za

Cellular Therapy Laboratory
 Tel: 011 761 9000
 Fax to: 0866828529

CONSENT:

1. When you engage with SANBS, you trust us with Personal Information about yourself, including Special Personal Information relating to your health and sexual lifestyle. We are committed to protecting your right to privacy.
2. The purpose of this Privacy Statement is to set out how we collect, use, store, share and otherwise process your Personal Information, in line with the Protection of Personal Information Act, 4 of 2013 ("POPI"). Defined terms such as "Personal Information", "Process" and "Special Personal Information" have the meanings given to them in POPI.
3. You have the right to object to the processing of your Personal Information and any information that you provide is entirely voluntary. However, it is important to note that SANBS requires your consent to Process your Personal Information in order for you to donate blood. If you do not consent and accept these terms and conditions, you will not be able to donate blood.
4. SANBS will keep your Personal Information strictly confidential and will ensure that it takes appropriate reasonable technical and organisational measures to keep your Personal Information safe, secure and protected from unauthorised access.
5. You agree that SANBS may Process your Personal Information for the following purposes:
 - 5.1. To verify the accuracy, correctness, completeness of any information provided (or not) to SANBS in the course of the blood donation process and when completing the donor questionnaire;
 - 5.2. To examine and test any blood that you donate including testing for diseases and medical conditions such as HIV and testing your blood type;
 - 5.3. To contact you and provide counselling if you test positive for HIV or another medical condition in accordance with applicable health legislation;
 - 5.4. For administrating blood drives and donations and the administration of blood to patients;
 - 5.5. To contact you where you have specifically consented to receiving notifications and marketing information about SANBS'S blood drives, promotions, news or updates relating SANBS;
 - 5.6. To conduct market, statistical and academic research, (in terms of which any personal information has been de-identified and anonymised); and/or
 - 5.7. To update and customise our blood donation drives.

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1017011 REV 4 (08/10/21)

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6. We will ensure that any third party with whom we share your Personal Information agrees to treat your information with the same level of protection and confidentiality, as we are obliged to. If a third party asks SANBS for any of your Personal Information, we will share it with them only if you have already given your consent for the disclosure of this information to that third party; or we have a legal or contractual duty to give the information to that third party.
7. Your Personal Information may be shared with third parties such as our suppliers, phlebotomists, academics, laboratory officers and researchers. We ensure that the third parties will keep your Personal Information confidential and all data will be made anonymous to the extent possible and where appropriate. If we publish the results of any research, you will not be identified by name.
8. We may in limited instances process your information using automated means (without human intervention in the decision-making process) to make a decision about where to allocate your blood.
9. If you have consented to receiving Marketing communications from us where specified below, you agree that SANBS may keep you updated about blood drives, promotions, news, updates and new services that are made available from time to time. SANBS and contracted third-party service providers may communicate with you about these. Please let SANBS know if you do not wish to receive any Marketing communication by contacting our Information Officer using details below.
10. You have the right to request that SANBS confirm what Personal Information SANBS holds about you free of charge. We will take all reasonable steps to confirm your identity before providing details of your Personal Information.
11. You agree that SANBS may retain your Personal Information for as long as we may require it (for example to comply with statutory retention periods) until you ask us to delete or destroy it. You have the right to ask us to update, correct or delete your Personal Information, unless the law requires us to keep it. Where we cannot delete your Personal Information, we will take all practical steps to ensure its protection.
12. SANBS may change this Privacy Statement at any time. The current version is available on <https://sanbs.org.za/>.
13. If you believe that SANBS have used your Personal Information contrary to this Privacy Statement, you have the right to lodge a complaint with the Information Regulator, under POPI, but we encourage you to first follow our internal complaints process to resolve the complaint. Please contact our Information Officer at 011 761 9948 or send an email to Zimkitha.Songxaba@sanbs.org.za if you have any questions about how we process your Personal Information or if you have a complaint.
14. Contact details for the Information Regulator: The Information Regulator (South Africa) | SALU Building | 316 Thabo Sehume Street | Pretoria Tel: 012 406 4818 | Fax: 086 500 3351 | inforeg@justice.gov.za
15. When you sign this Consent Form, you confirm that you have read and understood the Privacy Statement and you consent and agree to be bound to the terms and conditions of this Privacy Statement.

SIGNED at _____ on _____ 20_____

Full name _____ Signature _____