



Patient Name _____ Patient DOB _____ / _____ / _____

Patient Weight _____ lbs.

Absolute Neutrophil Count _____

Underlying disease leading to neutropenia _____

Patient Blood Type _____ Patient CMV Status _____

Anticipated days of therapy _____ Frequency of Transfusion (Ex: qd, qod, etc). _____

Starting on (date) _____

Note: Donor recruitment, stimulation, and product prep require ≈ 24 hours

Ordering Physician _____

Ordering Physician Phone _____

Transfusing Facility _____

Infectious indication for granulocyte transfusion (check all that apply)

- Culture – documented bacterial infection not responding to active antimicrobials
- Culture – documented fungal infection not responding to active antimicrobials
- Persistent febrile neutropenia, unresponsive to empiric antimicrobials
- Other (explain) _____

I understand that:

1. The clinical situation is urgent and donor infectious disease testing (e.g., HIV, HBV, HCV, and others) for this granulocyte donor may not be complete at the time of transfusion. I agree that the benefit of transfusing this product outweighs this risk.
2. The product can only be used for this specific patient.
3. I will provide testing results for CMV as soon as possible.
4. The donor will undergo stimulation with G-CSF (Granulocyte Colony Stimulating Factor) and dexamethasone prior to the collection.
5. The charges will not be cancelled once the donor is stimulated.
6. In the event this product is not needed, I will contact ImpactLife immediately at 563-349-1677 to speak with the Patient Services On-Call Nurse.

Requesting Physician Signature

Date

Print Name

Requesting Physician Phone

Requesting Physician Email

ImpactLife Physician Signature

Date

Note: ImpactLife Physician approval authorizes the medication administration to selected qualified donors by a trained Patient Services Nurse.

ImpactLife 24 Hour Contact Number: 563-349-1677

ImpactLife Patient Services Fax Number: 563-823-8941