



HOSPITAL/RECOVERY SITE INFORMATION:

- 1. Date of Tissue Recovery: _____ / _____ / _____ Time of Tissue Recovery: _____
- 2. Ordering Physician's Full Name (Print): _____
Physician's or Designee Signature: _____
Contact Name: _____ Phone Number: _____
- 3. Hospital: _____
- 4. Address: _____
- 5. Tissue Released By: _____ Date: _____ / _____ / _____ Time: _____

PATIENT (DONOR) INFORMATION:

- 6. Medical Record Number: _____
- 7. Patient's Name (Last, First, MI): _____
- 8. Hospital Number (SSN if Available): _____
- 9. Date of Birth: _____ / _____ / _____ Age: _____ Gender: M F
- 10. Operative Diagnosis: _____
- 11. Autograft Tissue/Organ Vessel Description: _____

Attach Patient Label Here

- 12. Autologous Tissue/Organ Vessel is placed in a sterile package labeled with the patient's name/trauma name, medical record number, date of birth, physician's name, and maintained at 1 – 10°C, or < -20°C if frozen. If the tissue is an autograft, label the package, "FOR AUTOLOGOUS USE ONLY."
 Autologous Tissue **Labeled** with patient name or trauma name and "**For Autologous Use Only**"
 None 0.9% NS RPMI 1640 DMEN Other: _____
- 13. Has the patient (donor) ever tested repeatedly reactive for any of the following viral disease markers? Y N UNKNOWN
 - Human immunodeficiency virus type 1 & 2 (anti-HIV 1 & 2)
 - Syphilis
 - Hepatitis B surface antigen (HbsAg)
 - Antibodies to Human T-lymphotropic virus type 1 and 2 (anti-HTLV-1 & 2)
 - Antibodies to Hepatitis C virus (anti-HCV)If Yes, when _____

STORAGE INSTRUCTIONS:

- Refrigerator storage (14 days) Ultra-low freezer storage (up to 12 months)
- Other: _____

For BIOCKETT Use Only

Date Received: _____ Time Received: _____ Temperature Inside Container: _____ °C
BIOCKETT Tissue Identification (ID) Number: _____ Thermometer Identification Number: _____
Tissue Bank Specialist: _____ Ice Present: Y N
Comments: _____

INSTRUCTIONS:

- 1. The physician will request BIOCKETT to store autograft tissue/organ vessels (please have physician or designee sign request).
- 2. Autograft tissue/organ vessels should be placed into a sealed sterile container. Vessels, skin and glands should be immersed in cell nutrient or 0.9% NaCl. Autograft bone will be placed into a sealed sterile package with no solutions.
- 3. Autograft tissue/organ vessels must be refrigerated or placed on wet ice after recovery (1-10°C.).
- 4. Autograft tissue/organ vessels must be labeled with the following patient information (addressograph label may be used):
 - Patient's/Donor's Name
 - Medical Record Number
 - Hospital Name
 - Date of Birth and Gender
 - Physician Name
 - Tissue Type
- 5. Autograft tissue must also be labeled with the Patient's Name/Trauma Name, and with the statement "**FOR AUTOLOGOUS USE ONLY.**" Call BIOCKETT at 801-554-3554 to arrange pick-up. Note: There will be a courier charge added for pick-up over 60 miles.