

AUTOLOGOUS DONOR

ID # _____

Harborview Medical Center
325 Ninth Ave
Seattle, WA 98104

Recovering MD _____ Retrieval Location _____

Patient Name _____

Patient MRN _____ Expiration Date _____

Age _____ Gender _____

Tissue Type _____ Collection Date/Time _____

~~Culture Results:~~ Positive Negative Tech ID _____

**FOR AUTOLOGOUS USE ONLY
NOT EVALUATED FOR INFECTIOUS SUBSTANCES**

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~~Culture Results:~~ Positive Negative Tech ID Keep _____

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