PHYSICIAN’S REQUEST FOR DIRECTED DONATION

Form must be completed by your physician and returned by email to your local blood donation center. **Please note the request must be emailed, not faxed.**

Your request will be reviewed by our Medical Director. If approved, we will call to schedule your donation.

All donations **must** be scheduled ahead of time to assure accurate and timely service, **no walk-ins please!**

If your request is not approved, your physician will be notified.

**Please allow up to 3 business days for completion of approval process.**

For more information, please contact your local blood donation center (see end of document for center list).
Physician’s Request for Directed Donation: F.DS.1609a  Form must be completed in black ink.

Section I: Patient Information and Request (to be Completed by Physician’s Office)

My signature below attest that I have read the information sheets about directed donations and understand that blood from donors selected by me is, at best, no safer than blood from other volunteer donors. I hereby request that The Blood Connection draw directed donors for me.

I understand that blood from donors will not be available for me if:

- Donor does not meet The Blood Connection’s eligibility requirements
- Donor’s blood type is not compatible (donor’s blood type must be verified before unit can be drawn)
- Donor is rejected by screening tests
- If units are broken, contaminated or not transfusable for any reason.

The Blood Connection cannot guarantee that directed donation units will be available for my use or transfused if blood is required. Blood donated for me is the property of The Blood Connection.

I understand that I will be charged and will pay for all processing/service fees associated with collection of my directed blood units whether or not they are compatible or transfused.

Patient’s Name _______________________________ Sex __________ Date of Birth __________________

Last    First

Address ________________________________________

Phone Number _________________________________ Blood Type __________ Social Security # ________/______/________

Patient’s Signature (or parent/guardian if a minor) ___________________________ Date __________________

Section II: Physician’s Order (to be Completed by Physician’s Office)

I request that The Blood Connection draw blood from donors recruited for patient listed above. I understand that directed donations are not accepted on an emergent basis. I will not be notified whether or not sufficient directed donations have been made. It is the responsibility of the patient for whom I have requested these donations to ensure the donors present themselves to The Blood Connection not less than five working days prior to the intended date of use. It is the responsibility of the patient and the patient’s physician to ensure that all patient information is correct and to notify The Blood Connection if the date of intended use is changed.

Date of Anticipated Transfusion/Surgery ___________________________ Hospital ___________________________ Number of Units _________

Intended Procedure ____________________________

Process as  [ ] Red Blood Cells  [ ] Platelets  [ ] Other __________

Special Handling  [ ] Irradiate  [ ] CMV Negative

Physician’s Printed Name ___________________________ Office Phone ___________________________

Physician’s Signature ___________________________ Date __________________

Section III: To be Completed by The Blood Connection

Patient Order # ________________________________

Receiving Facility ___________________________ Ship to Facility ___________________________

Phone # ___________________________ Contact ___________________________

<table>
<thead>
<tr>
<th>Donor Name</th>
<th>Date</th>
<th>Unit Number</th>
<th>1st Stick</th>
<th>2nd Stick (if applicable)</th>
<th>Donor blood compatible with patient &amp; MD order for CMV?</th>
<th>Donor Identification #</th>
<th>Relation to Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Comments _______________________________________

Route form: Special Donations Coordinator  Route Copy: Hospital Services in zip lock bag with unit
The Blood Connection
Blood Donation Centers

FIND A LOCATION NEAR YOU

**Asheville, NC Donation Center**
225 Airport Rd. Arden, NC 28704
Tel. 828.585.8060
Email ashevillecollections@thebloodconnection.org

**Charleston, SC Donation Center**
5870 Core Rd. North Charleston, SC 29406
Tel. 864.232.8442
Email charlestoncollections@thebloodconnection.org

**Easley, SC Donation Center**
5116 Calhoun Memorial Hwy. Easley, SC 29640
Tel. 864.644.0030
Email easleycollections@thebloodconnection.org

**Greenville, SC Donation Center**
435 Woodruff Rd. Greenville, SC 29607
Tel. 864.232.8437
Email greenvillecollections@thebloodconnection.org

**Greenwood, SC Donation Center**
341 Old Abbeville Hwy. Greenwood, SC 29646
Tel. 864.227.8333
Email greenwoodcollections@thebloodconnection.org

**Hendersonville, NC Donation Center**
825 Spartanburg Hwy. Hendersonville, NC 28792
Tel. 828.233.5301
Email hendersonvillecollections@thebloodconnection.org

**Raleigh, NC Donation Center**
5925 Glenwood Ave. Suite #150 Raleigh, NC 27612
Tel. 984.222.1101
Email raleighcollections@thebloodconnection.org

**Seneca, SC Donation Center**
1308 Sandifer Blvd. Seneca, SC 29678
Tel. 864.882.8364
Email oconeecollections@thebloodconnection.org

**Spartanburg, SC Donation Center**
270 N. Grove Medical Park Dr. Spartanburg, SC 29303
Tel. 864.641.6013
Email spartanburgcollections@thebloodconnection.org