



**THE BLOOD  
CONNECTION**  
*Your Community Blood Center*

# PHYSICIAN'S REQUEST FOR **DIRECTED DONATION**

For more information on directed donations,  
please contact your local blood donation center.

Forms must be returned by fax or email  
to your local blood donation center.

Donations **must** be scheduled ahead of time  
in order to assure accurate and timely service;  
**no walk-ins, please.**



# 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.

The Blood Connection will take reasonable measures to deliver directed donation units to the hospital within the time specified after timely notice.

**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 \_\_\_\_\_

Donor Name	Date	Unit Number		Donor blood compatible with patient & MD order for CMV?		Donor Identification #	Relation to Patient
		1 <sup>st</sup> Stick	2 <sup>nd</sup> Stick (if applicable)	Yes	No		

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

### **Anderson, SC Donation Center**

3131 N Main St. Anderson, SC 29621

Tel. 864.232.8442

Fax TBD

Email [andersoncollections@thebloodconnection.org](mailto:andersoncollections@thebloodconnection.org)

### **Greenwood, SC Donation Center**

341 Old Abbeville Hwy. Greenwood, SC 29646

Tel. 864.227.8333

Fax 864.953.9971

Email [greenwoodcollections@thebloodconnection.org](mailto:greenwoodcollections@thebloodconnection.org)

### **Asheville, NC Donation Center**

225 Airport Rd. Arden, NC 28704

Tel. 828.585.8060

Fax 828.585.8070

Email [ashevillecollections@thebloodconnection.org](mailto:ashevillecollections@thebloodconnection.org)

### **Hendersonville, NC Donation Center**

825 Spartanburg Hwy. Hendersonville, NC 28792

Tel. 828.233.5301

Fax 828.692.3644

Email [hendersonvillecollections@thebloodconnection.org](mailto:hendersonvillecollections@thebloodconnection.org)

### **Charleston, SC Donation Center**

5870 Core Rd. North Charleston, SC 29406

Tel. 864.232.8442

Fax 843.473.6280

Email [charlestoncollections@thebloodconnection.org](mailto:charlestoncollections@thebloodconnection.org)

### **Raleigh, NC Donation Center**

5925 Glenwood Ave. Suite #150 Raleigh, NC 27612

Tel. 984.222.1101

Fax 984.222.1090

Email [raleighcollections@thebloodconnection.org](mailto:raleighcollections@thebloodconnection.org)

### **Easley, SC Donation Center**

5116 Calhoun Memorial Hwy. Easley, SC 29640

Tel. 864.644.0030

Fax 864.644.0034

Email [easleycollections@thebloodconnection.org](mailto:easleycollections@thebloodconnection.org)

### **Seneca, SC Donation Center**

1308 Sandifer Blvd. Seneca, SC 29678

Tel. 864.882.8364

Fax 864.882.8403

Email [oconeecollections@thebloodconnection.org](mailto:oconeecollections@thebloodconnection.org)

### **Greenville, SC Donation Center**

435 Woodruff Rd. Greenville, SC 29607

Tel. 864.232.8437

Fax 864.527.2063

Email [greenvillecollections@thebloodconnection.org](mailto:greenvillecollections@thebloodconnection.org)

### **Spartanburg, SC Donation Center**

270 N. Grove Medical Park Dr. Spartanburg, SC 29303

Tel. 864.641.6013

Fax 864.573.4189

Email [spartanburgcollections@thebloodconnection.org](mailto:spartanburgcollections@thebloodconnection.org)