



Directed Donation Order

Please fax completed form to UHS Blood Donor Services: Fax Number- 210-358-4616; Phone Number- 210-358-2812

PATIENT INFORMATION

Name _____ Sex _____ Date of Birth _____

MRN: _____ Blood Type: _____

Diagnosis/Surgical Procedure: _____

ORDERING PHYSICIAN INFORMATION

Physician signature _____ Physician name _____ Date _____

Office address _____ Office phone number _____

Name of Directed Donors	Blood Relative?		Blood Type	Name of Directed Donors	Blood Relative?		Blood Type
	Yes	No			Yes	No	

I understand:

1. The Donor History Questionnaire must be answered honestly to exclude inappropriate donors and prevent any transmissible disease that may not be identified during infectious disease testing.
2. Your blood will be tested for potential infectious diseases.
3. Recruited donors must be ABO/Rh compatible.
4. Not all directed donors will be suitable for transfusion, even if they are ABO/Rh compatible.
5. A husband should consider **NOT** donating to his wife as potential antibody development may impact future pregnancies.
6. Relatives donating to family members may not be compatible if subsequent blood or tissue donations are required (including blood, solid organ, and bone marrow donation).
7. If it becomes necessary to transfuse blood from other than directed donors, blood will come from volunteer donors who have been thoroughly been tested and found negative for infectious diseases.
8. If your blood is not eligible for various reasons (incompatible, infectious disease positive, etc.), the recipient will receive alternative allogeneic donor products.
9. All blood products will be irradiated to prevent transfusion associated graft vs. host disease.

Signature of Patient (or Guardian): _____ Date: _____

Witness: _____ Date: _____

UHS USE ONLY

Date Order Received _____

UHS Transfusion Medicine Physician request approval:

“I have reviewed the patient's medical history, physician's order and have discussed the advantages and disadvantages of Directed Donations with the patient or guardian.”

UHS MD/Designee signature _____ Date _____