Email to:

## FORM P-020: DIRECTED DONATION ORDER FORM

- Page 1 of 1
- 1. No walk-in appointments are available for directed donations. All appointments must be scheduled in advance.
- 2. This form MUST be completed and signed by the patient's physician prior to scheduling any donor appointments.
- 3. Directed donations will not be available on an emergency basis due to the time required for complete required testing and processing (generally around 48 hours minimum)

## **Patient Information**

Component Requested ABO/RhD Type  Is this unit for neonate or infant RBC transfusion use? (circle one) Indication for transfusion:  Does patient require CMV seronegative component? (circle one) Pes No Does patient have history of positive antibody screen? (circle one) Pes No  If yes, for what antigen(s)?  Date Required Hospital Number of Components Address  Directed units will be leukoreduced to prevent CMV transmission and febrile non-hemolytic transfusion reactions and irradiated to prevent transfusion-associated graft-vs-host disease.  Directed donors are more likely to be non-donors and may be under peer pressure to give (in contrast to volunteer donors). They may pose a higher risk of transfusion transmissible infections than donors recruited and screened by the blood center (Starkey J et al. JAMA. 1989. 262:3452-4. Dorsey KA et al. Transfusion. 2013. 53:1250-6. Jacquot C et al. Transfusion. 57:2799-2803).  It is difficult to ascertain when directed units will no longer be required for the intended recipient before the product outdates Accordingly, directed units are not returnable and ImpactLife does not recommend they be used for other recipients ("crossover" into general inventory).
Requested
Indication for transfusion:  Does patient require CMV seronegative component? (circle one) Yes No  Does patient have history of positive antibody screen? (circle one) Yes No  If yes, for what antigen(s)?  Date Required Hospital  Number of  Components Address  Directed units will be leukoreduced to prevent CMV transmission and febrile non-hemolytic transfusion reactions and irradiated to prevent transfusion-associated graft-vs-host disease.  1. Directed donors are more likely to be non-donors and may be under peer pressure to give (in contrast to volunteer donors). They may pose a higher risk of transfusion transmissible infections than donors recruited and screened by the blood center (Starkey J et al. JAMA. 1989. 262:3452-4. Dorsey KA et al. Transfusion. 2013. 53:1250-6. Jacquot C et al. Transfusion. 57:2799-2803).  2. It is difficult to ascertain when directed units will no longer be required for the intended recipient before the product outdates  3. Accordingly, directed units are not returnable and ImpactLife does not recommend they be used for other recipients ("crossover" into general inventory).
Does patient require CMV seronegative component? (circle one)  Yes  No  Does patient have history of positive antibody screen? (circle one)  If yes, for what antigen(s)?  Date Required  Number of  Components  Address  Directed units will be leukoreduced to prevent CMV transmission and febrile non-hemolytic transfusion reactions and irradiated to prevent transfusion-associated graft-vs-host disease.  Directed donors are more likely to be non-donors and may be under peer pressure to give (in contrast to volunteer donors). They may pose a higher risk of transfusion transmissible infections than donors recruited and screened by the blood center (Starkey J et al. JAMA. 1989. 262:3452-4. Dorsey KA et al. Transfusion. 2013. 53:1250-6. Jacquot C et al. Transfusion. 57:2799-2803).  It is difficult to ascertain when directed units will no longer be required for the intended recipient before the product outdates  Accordingly, directed units are not returnable and ImpactLife does not recommend they be used for other recipients ("crossover" into general inventory).
Does patient have history of positive antibody screen? (circle one)  If yes, for what antigen(s)?  Date Required Hospital  Number of  Components Address  Directed units will be leukoreduced to prevent CMV transmission and febrile non-hemolytic transfusion reactions and irradiated to prevent transfusion-associated graft-vs-host disease.  1. Directed donors are more likely to be non-donors and may be under peer pressure to give (in contrast to volunteer donors). They may pose a higher risk of transfusion transmissible infections than donors recruited and screened by the blood center (Starkey J et al. JAMA. 1989. 262:3452-4. Dorsey KA et al. Transfusion. 2013. 53:1250-6. Jacquot C et al. Transfusion. 57:2799-2803).  2. It is difficult to ascertain when directed units will no longer be required for the intended recipient before the product outdates  3. Accordingly, directed units are not returnable and ImpactLife does not recommend they be used for other recipients ("crossover" into general inventory).
Date Required Hospital Number of Components Address  Directed units will be leukoreduced to prevent CMV transmission and febrile non-hemolytic transfusion reactions and irradiated to prevent transfusion-associated graft-vs-host disease.  1. Directed donors are more likely to be non-donors and may be under peer pressure to give (in contrast to volunteer donors). They may pose a higher risk of transfusion transmissible infections than donors recruited and screened by the blood center (Starkey J et al. JAMA. 1989. 262:3452-4. Dorsey KA et al. Transfusion. 2013. 53:1250-6. Jacquot C et al. Transfusion. 57:2799-2803).  2. It is difficult to ascertain when directed units will no longer be required for the intended recipient before the product outdates  3. Accordingly, directed units are not returnable and ImpactLife does not recommend they be used for other recipients ("crossover" into general inventory).
Date Required  Number of Components  Address  Directed units will be leukoreduced to prevent CMV transmission and febrile non-hemolytic transfusion reactions and irradiated to prevent transfusion-associated graft-vs-host disease.  1. Directed donors are more likely to be non-donors and may be under peer pressure to give (in contrast to volunteer donors). They may pose a higher risk of transfusion transmissible infections than donors recruited and screened by the blood center (Starkey J et al. JAMA. 1989. 262:3452-4. Dorsey KA et al. Transfusion. 2013. 53:1250-6. Jacquot C et al. Transfusion. 57:2799-2803).  2. It is difficult to ascertain when directed units will no longer be required for the intended recipient before the product outdates  3. Accordingly, directed units are not returnable and ImpactLife does not recommend they be used for other recipients ("crossover" into general inventory).
Date Required  Number of Components  Address  Directed units will be leukoreduced to prevent CMV transmission and febrile non-hemolytic transfusion reactions and irradiated to prevent transfusion-associated graft-vs-host disease.  1. Directed donors are more likely to be non-donors and may be under peer pressure to give (in contrast to volunteer donors). They may pose a higher risk of transfusion transmissible infections than donors recruited and screened by the blood center (Starkey J et al. JAMA. 1989. 262:3452-4. Dorsey KA et al. Transfusion. 2013. 53:1250-6. Jacquot C et al. Transfusion. 57:2799-2803).  2. It is difficult to ascertain when directed units will no longer be required for the intended recipient before the product outdates  3. Accordingly, directed units are not returnable and ImpactLife does not recommend they be used for other recipients ("crossover" into general inventory).
Number of Components  Address  Directed units will be leukoreduced to prevent CMV transmission and febrile non-hemolytic transfusion reactions and irradiated to prevent transfusion-associated graft-vs-host disease.  1. Directed donors are more likely to be non-donors and may be under peer pressure to give (in contrast to volunteer donors). They may pose a higher risk of transfusion transmissible infections than donors recruited and screened by the blood center (Starkey J et al. JAMA. 1989. 262:3452-4. Dorsey KA et al. Transfusion. 2013. 53:1250-6. Jacquot C et al. Transfusion. 57:2799-2803).  2. It is difficult to ascertain when directed units will no longer be required for the intended recipient before the product outdates  3. Accordingly, directed units are not returnable and ImpactLife does not recommend they be used for other recipients ("crossover" into general inventory).
<ol> <li>Directed donors are more likely to be non-donors and may be under peer pressure to give (in contrast to volunteer donors). They may pose a higher risk of transfusion transmissible infections than donors recruited and screened by the blood center (Starkey J et al. JAMA. 1989. 262:3452-4. Dorsey KA et al. Transfusion. 2013. 53:1250-6. Jacquot C et al. Transfusion. 57:2799-2803).</li> <li>It is difficult to ascertain when directed units will no longer be required for the intended recipient before the product outdates</li> <li>Accordingly, directed units are not returnable and ImpactLife does not recommend they be used for other recipients ("crossover" into general inventory).</li> </ol>
<ol> <li>Accordingly, directed units are not returnable and ImpactLife does not recommend they be used for other recipients ("crossover" into general inventory).</li> </ol>
("crossover" into general inventory).
4. If the patient is a fertile woman, the blood center strongly recommends against the use of a donor who might impregnate the patient, or any first-degree relative(s) of such donors, due to the subsequent risk of hemolytic disease of the newborn following sensitization to paternal antigens not detected in routine testing.
5. Donor confidentiality is difficult to maintain if a donor or donors are deferred, when fewer units than requested are available.
These issues have been discussed with my patient
Requesting Physician Signature Date
Requesting Physician (print)
Phone Fax
Blood Center Physician Signature Date

**Note:** If faxing, you must also call the 24hr PS line at 563-349-1677

patientservices@impactlife.org Fax to: 563-823-8941