



THE BLOOD CONNECTION

Your Community Blood Center

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).

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 st Stick	2 nd 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

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