



**THE BLOOD<sup>®</sup>  
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**

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: \_\_\_\_\_ Intended Donation Location: \_\_\_\_\_  
 (Locations listed on pg.3)

Process as:  Red Blood Cells  Platelets  Other \_\_\_\_\_  
 Special Handling:  Irradiate  CMV Negative

Physician's Printed Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Email completed form to: [SpecialDonations@thebloodconnection.org](mailto:SpecialDonations@thebloodconnection.org)**

**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: \_\_\_\_\_

# THE CONNECTION

# BLOOD DONATION CENTERS

## **Asheville, NC Donation Center**

225 Airport Rd. Arden, NC 28704

Tel. **828.585.8060**

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

## **Augusta, GA Donation Center**

3156 Perimeter Road, Suite 201 Augusta, GA 30909

Tel. **828.233.5301**

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

## **Charleston, SC Donation Center**

5870 Core Rd. North Charleston, SC 29406

Tel. **864.232.8442**

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

## **Easley, SC Donation Center**

5116 Calhoun Memorial Hwy. Easley, SC 29640

Tel. **864.644.00300**

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

## **Florence, SC Donation Center**

1617 South Irby Street Florence, SC 29505

Tel. **843.473.6288**

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

## **Greenville, SC Donation Center**

435 Woodruff Rd. Greenville, SC 29607

Tel. **864.232.8437**

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

## **Greenwood, SC Donation Center**

341 Old Abbeville Hwy. Greenwood, SC 29646

Tel. **864.227.8333**

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

## **Hendersonville, NC Donation Center**

825 Spartanburg Hwy. Hendersonville, NC 28792

Tel. **828.233.5301**

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

## **Lexington, SC Donation Center**

5141 Sunset Boulevard Lexington, SC 29577

Tel. **864.751.1168**

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

## **Myrtle Beach, SC Donation Center**

1217 38th Avenue North Myrtle Beac, SC 29577

Tel. **843.473.6288**

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

## **Raleigh, NC Donation Center**

5925 Glenwood Ave. Suite #150 Raleigh, NC 27612

Tel. **984.222.1101**

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

## **Savannah, SC Donation Center**

1915 East Victory Square, 2A Savannah, SC 31401

Tel. **912.777.1011**

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

## **Seneca, SC Donation Center**

1308 Sandifer Blvd. Seneca, SC 29678

Tel. **864.882.8364**

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

## **Spartanburg, SC Donation Center**

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

Tel. **864.641.6013**

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