Form #:APU-525.00	UNIVERSITY OF MICHIGAN HEALTH SYSTEM BLOOD BANK AND TRANSFUSION SERVICE
Rev: 24 Aug 09	**REQUEST FOR DIRECTED DONATION**

Instructions for Blood Center/Red Cross

1) **Send Adsol RBCs unless otherwise noted.**
2) **Do not irradiate Directed Donor units.**
3) **Send Leukocyte-Reduced RBCs and Platelets.**
4) **If patient's ABO/Rh type is not known, send all units.**
5) **If pt's ABO/Rh type *is* known, send compatible units.**
6) **Do not process this request without the patient's signature below.**

Directed Donor Coordinator (if different from patient)

Coordinator's Phone # (if different from patient's)

Patient (Recipient) Information:

Patient's Name: _____

U of M Registration #: _____

(Patient must have a UM Registration Number)

Patient's Date of Birth: _____

Patient's Address: _____

City, State, Zip Code _____

Patient's Phone Number: _____

Patient (Recipient) Request (signature required): **I request that blood be drawn for transfusion to me from individuals selected by myself or my Directed Donor Coordinator.** ***I understand that:***

- Blood from donors I select is not necessarily safer for me than blood from the community volunteer blood supply
- Blood from my directed donors will be available for me only if the donors meet the criteria for donation established by the blood center collecting the blood, the blood types are compatible, and enough time is allowed for collection, testing, and transport
- The University of Michigan does not collect directed donor blood
- Blood donated for me and shipped to the University of Michigan is the property of the University of Michigan and no guarantees are made that the blood will be suitable or available for transfusion
- Blood not used for me will be released for use by other patients four (4) days following my scheduled use unless my physician requests otherwise
- The processing fee – which covers the cost of collecting and processing the blood – only applies if the blood is transfused
- **There is a directed donor fee charged** for each directed donor unit shipped to the University of Michigan
- This directed donor fee applies whether the unit is used or not – this fee covers the extra costs associated with directed donation
- I will be responsible for paying this directed donor fee – insurance companies do not cover directed donor fees
- The directed donor fee may exceed $200 for each directed donor unit shipped to the University of Michigan

Patient's Signature (or parent/guardian if patient is a minor) _____ Date _____

Physician's Order: **I request that blood be collected from donors recruited for the patient named above and designated for this patient's use.** ***I have counseled the patient, where appropriate, that:***

- Transfusion of blood from husband to wife may be harmful to subsequent pregnancies
- Transfusion of parental blood to a child may increase the chance of certain transfusion reactions and rejection of future parent-to-child organ or tissue transplants
- Blood from donors they select is not necessarily safer for them than blood from the community volunteer blood supply

Number of Units of RBCs Requested	**Anticipated Tranfusion Date**	**ABO/Rh Type & Alloantibody**	**Reason for Transfusion**

Physician's Signature _____ Date _____

Physician's Name (Print) _____ U of M Doctor/Pager Number _____

Hospital Location (Clinic or Service) _____ Physician's Clinic Telephone Number _____