

**Rex Blood Services
Rex Hospital, Inc.**

2709 Blue Ridge Road, Suite 150
Raleigh, NC 27607
(919) 784-4750

PATIENT INSTRUCTIONS FOR DIRECTED DONATION REQUEST

1. Have your physician explain the directed blood donation procedure to you and be sure that you fully understand the advantages as well as the disadvantages of this type of blood transfusion.
2. Complete and sign the Directed Donation Request form. **Please be sure to read all the information on the request form and follow all instructions carefully.** All donor/patient information **MUST** be completed by you (the intended recipient). Your designated donor(s) should bring the completed form(s) to the Rex Blood Services Donor Center at the time of donation or they may be faxed to 919-784-4760. **INCOMPLETE FORMS WILL NOT BE ACCEPTED.**
3. If patient or donor blood types are unknown, each must be tested and their blood types verified prior to continuing with the directed donation process.
4. **The blood donation(s) MUST be made AT LEAST five (5) working days, (M-F), but NOT MORE THAN forty-two (42) days prior to the scheduled date of transfusion.**
5. Rex Healthcare will bill you for the collection, special handling, processing and irradiation (if needed) for EACH UNIT of blood drawn, whether it is transfused to you or not. In the event that you do not use the blood, it will be destroyed when the unit(s) expires. **PLEASE NOTE: Not every insurance carrier covers the expenses of directed donation transfusion. It is the donor/patient's responsibility to verify coverage prior to donation.**
6. Directed donations may be made **BY APPOINTMENT ONLY** at Rex Blood Services on Tuesdays, Wednesdays and Thursdays between 11:00 a.m. and 2:00 p.m. Call (919) 784-4750 to schedule an appointment. Each directed donor must present a picture ID or some other legal form of identification at the time of donation.

If you have any questions, please call (919) 784-4750.

I understand the information presented above.

Patient's

Signature x _____

First name at birth

Middle name

Last name

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DIRECTED DONATION REQUEST FORM

PATIENT INFORMATION (Please print)

PATIENT'S FULL NAME _____
Last name First name Middle name

ADDRESS _____

CITY STATE ZIP CODE

HOME PHONE _____ WORK PHONE _____

DATE OF BIRTH _____ AGE _____ SEX _____ BLOOD TYPE _____

FACILITY WHERE TRANSFUSION WILL OCCUR _____

SCHEDULED DATE OF USE _____

PATIENT'S PHYSICIAN _____

DONOR INFORMATION (to be completed by PATIENT)

DONOR'S FULL NAME _____
(per legal identification) Last name First name Middle name

ADDRESS _____

CITY STATE ZIP CODE

HOME PHONE _____ WORK PHONE _____

BLOOD TYPE _____ IDENTIFICATION (DR. LIC. #) _____

RELATIONSHIP TO PATIENT _____

(For Rex Blood Services Use Only) Eye-readable DIN: _____

DIRECTED DONATION REQUEST FORM (continued)

The above named physician has explained directed blood donation to me and I understand the advantages and disadvantages of this form of blood transfusion. Directed donor blood has NOT been demonstrated to be safer than blood from the volunteer blood supply. Therefore, the provision of this directed donor program is a service to me without medical indication.

I request that the unit of blood drawn from the designated donor be held for my use. The unit of blood will NOT be made available to any other patient, and if I do not use the unit, it will be destroyed when the unit outdates or when specified by my physician.

If the directed donor's blood is found to be incompatible with mine at any point during the collection, typing, testing or unit processing, the unit will be destroyed. Blood typing will be performed as part of the standard crossmatch procedure for each unit of blood collected and on the patient prior to transfusion.

I understand that the designated donor must meet all appropriate standards prior to donation and that blood will be tested for several infectious diseases to ensure its safety, including HIV, the virus associated with AIDS.

The transfusion of blood from a biological family member is associated with the risk of fatal Graft Versus Host Disease (GVHD). Therefore, blood from a biological family member will be irradiated prior to transfusion in order to decrease the risk of GVHD.

Caution: Directed donor transfusions from biological father to mother may result in complications with a current pregnancy or future pregnancies.

I understand that it is not always possible to collect as much blood as necessary and that directed units may not always be available or adequate for transfusion needs. It is possible that my physician will find it necessary to transfuse me with blood products from other donors. Every reasonable effort will be made to store the designated donor's blood so that it will be available for me. However, unforeseen circumstances can occur during blood storage (such as bag breakage) that may make it impossible for me to receive the blood they have donated. The Blood Bank will attempt to notify me if a unit donated for me will not be available for my use so that I may find another donor. I will not be told the reason for this since this is confidential information.

I will be charged by Rex Healthcare for the collection, special handling, and processing of each unit of blood, regardless of its ultimate use (i.e. whether it is transfused to me or discarded). If irradiation is necessary, I will be charged for this as well.

This donation must be made at least 5 working days, but no more than 42 days, prior to my scheduled date of use. Directed donations must be scheduled in advance by calling Rex Blood Services at (919) 784-4750. The completed form must be in the Blood Bank at the time of donation. All donors must have a form of picture or legal identification.

I understand the policies and procedures described above.

Patient's

Signature x _____
First name at birth Middle name Last name

DATE: _____