

# **DIRECTED DONATION ORDER FORM**

Apply the recipient's demographic information label in this space **OR** attach demographic information sheet to the form.

PLEASE PRINT OR TYPE. ENTIRE FORM MUST BE COMPLETE TO PROCESS ORDER.

Tod	av	's D	ate	:

Today's Date:										
RECIPIENT INFORMATION										
Instructions: Document the patient's <b>COMPLETE</b> legal name and birth date (MM/DD/YY format) in the appropriate fields below.										
Indicate the patient's gender and blood type (required) in the appropriate fields below.										
Patient's Complete Legal Name					Birth Date					
Last	First			Middle	Birth Date					
Gender		ABO Group/Rh Type (required)		Patient's Phone Number						
☐ Male ☐ Female										
1										
PRODUCT INFORMATION										
Instructions: Indicate the number of units requested next to the product. If 0, leave blank.										
Red Blood Cells Fresh Frozen Plasma Cryoprecipitated AHF (single unit)										
DIVIDED PRODUCTS FOR PEDIATRIC USE Instructions: Indicate desired quantity. If adult doses are desired, please order above.										
RBC-Divided (WI only)	Aliqu	Aliquots Attached FFP-Divided			FFP-Divided					
3 units approximately 70 mL each		bags attached 6 ι		ınits approximately 40 mL each						
6 units approximately 40 mL each										
9 units approximately 20 mL each										
SPECIAL PRODUCT NEEDS										
Instructions: Place a check mark to indicate irradiation requirements.										
Irradiate? Yes No										
ALL DIRECTE	D PRODUC	TS ARE LEUKOCYT	E REDUCE	D.						
		NAL INFORMATION								
<b>Instructions:</b> Document the name of the hospital where the product(s) are to be sent, including the State and the date needed by. Indicate if products will be needed on an ongoing basis or if no other products will be needed. Document the name of procedure or diagnosis.										
Hospital		State Da		ate Needed (mm/dd/yy)						
Procedure/Diagnosis										
ORDE	ERING PHY	SICIAN INFORMAT	ION							
Instructions: Document the name of the ordering physician, the name of the person to contact for concerns/questions related to this										
order, and the phone number, including area code.										
Physician Name		Office Contact Name			Office Phone Number					
This form must be sent to SPS by the ordering										
physician via fax at (414) 933-6833 or email to Visit <u>www.versiti.org</u> → I				Products and Services → Specialty Products and						
<u>SPSAlerts@versiti.org</u> . We can be reached by phone		Services → Directed Donation Order Form								
at (414) 937-6188 or 1-800-525-1388 (toll free).										

#### DIRECTED DONATION PROGRAM INFORMATION

Versiti Wisconsin, Illinois, Indiana/Ohio, and Michigan offer a Directed Donation Program whereby donations may be directed to specific patients to meet blood needs for **planned** surgeries or transfusions. A firm date that products are needed by must be provided. If more products are needed after the original surgery date, a new order must be completed.

The Directed donation program is meant to provide blood for patients with rare blood types when blood cannot be sourced from the general supply. Before choosing to participate in this program, the patient and physician should consider the community blood supply, which is exceptionally safe. Blood banking authorities have found that the transfusion of blood from directed donors does not reduce the risks associated with transfusions. The safety of the blood relies, in part, on the truthfulness of each donor. Should family members and friends feel undue pressure to donate, they may fail to be truthful about their eligibility as blood donors.

### **Requesting Directed Donor Units**

The request must be made by a physician. As soon as possible after the decision for surgery is made, the *Directed Donation Order Form* should be completed and sent to Versiti. It is advisable to recruit more donors than the number recommended by the physician, as some donated units may not be suitable for the patient's use.

It is NOT recommended that a female patient of childbearing age receive blood from a husband or male partner, as their blood may cause immunization of the patient and therefore compromise future pregnancies. It is NOT recommended that a female donate blood to their biological child or biological father of her child, as antibodies that may have been produced during pregnancy could cause a reaction during transfusion. Also, it is NOT recommended to have directed units if the patient has red cell antibodies in their blood.

Directed donors must meet the same eligibility criteria as any person donating for the general blood supply. Visit the Versiti website at <a href="https://www.versiti.org/ways-to-give/blood-donation/donation-eligibility-faq">https://www.versiti.org/ways-to-give/blood-donation/donation-eligibility-faq</a> for donation eligibility information.

#### **Availability of the Directed Donor Units**

After collection, these units are subjected to the same tests as other donated blood. If, for any reason, a unit is not suitable for transfusion, it is discarded. Donors are informed of abnormal test results only when all tests are completed, which may be later than the patient's transfusion date. (**Note:** To protect the confidentiality rights of the donor, neither the patient nor the patient's physician is notified of non-suitable units). All ABO compatible units matching the order are tagged, reserving them for the patient's use.

Hospitals will be notified only of <u>drawn</u> units not available for the patient's transfusion. At the hospital, the donated blood will be cross-matched with a sample of the patient's blood. Only cross-match compatible units will be held for the patient's surgery.

Other reasons for which the blood may not be available for the patient's surgery include, but are not limited to: breakage of the plastic container, inadvertent contamination of the blood, or the need for repeat or additional testing. For these and other reasons beyond its control, Versiti Wisconsin, Illinois, Indiana/Ohio, and Michigan cannot assure that directed donor units will be available. In such circumstances, the physician may decide to supplement with transfusion of blood from the community blood supply.

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## **Charges for Directed Units**

Because this program is very involved and requires special handling, a surcharge is added to the blood processing fee charged to the hospital for each unit sent. Health insurance (including Medicare) may **not** cover processing fees for directed units and/or additional processing as needed.

Also, to standardize directed units and improve safety of the blood (such as prevention of a rare transfusion complication known as graft-versus-host disease), all directed products from blood relatives will be irradiated. All products are leukoreduced.

#### **Appointments**

Prospective donors must schedule appointments for directed donations at one of the following centers: In Wisconsin and Indiana, all donor centers. In Ohio: Mill Run Center. In Illinois: Aurora, Tinley Park, Crystal Lake, DeKalb, Joliet, Winfield, Naperville and Highland. In Michigan: Farmington Hills, Grand Rapids, Kalamazoo, Saginaw, Traverse City, and Midland Dow Diamond. To allow ample time for collection, testing, processing, and then delivery to the hospital, donors must donate at least **seven**, but not more than fourteen working days, (excluding Sundays and holidays) before the date of the surgery.

All questions regarding this program may be directed to Versiti Special Patient Services at (414) 937-6188 or 1-800-525-1388.

Please refer to our website www.versiti.org.

Call the Versiti Special Patient Services Department to schedule your donation. The *Directed Donation Order Form* must be completed to schedule an appointment.

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