

Designated Donation Request

PHYSICIAN OFFICE INSTRUCTIONS

- Complete Patient and Transfusion Information.
- Discuss possible donors with the patient to ensure the donor is ABO compatible and weighs at least 114 lbs.
 - All designated donors **must** have a compatible blood type and be approved by requesting physician.
 - Those who do not meet blood type requirements may donate blood on patient's behalf to replenish inventory for blood transfused. A special code will be assigned according to the hospital where the transfusion will take place.
- Appointment preferred, but not necessary.
- Donations for platelets must occur **72 hours** before the transfusion is needed.
- Donations for Red Cells must be completed at least **1 week** prior to scheduled transfusion date.
- All units may be irradiated, leukoreduced and tested for CMV per physician's order or current SDBB policy.
- Patient/Parent/Legally Authorized Representative **must** review **Cautionary Notes** located on page 2 and sign consent prior to order submission.
- Refer potential donors to our website for donation requirements.
- Fax completed Designated Donation Request (Page 1 only) to **(619) 297-4064**.

PATIENT/PARENT/LEGALLY AUTHORIZED REPRESENTATIVE INSTRUCTIONS

- Have potential donors schedule an appointment with Special Procedures Scheduling: **(877) 659-2001**.
- Bring a photo ID and proof of date of birth.

PATIENT AND TRANSFUSION INFORMATION (ALL Fields Mandatory)

Last Name		First (Legal) Name		Middle Initial	Suffix	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (mm-dd-yyyy)
Name of Parent/Legally Authorized Representative		Address		City		State	Zip
State Relationship:		Primary Language		Diagnosis	Mobile Phone #	Alternate Phone # ()	
ICD Code	Date of Transfusion / Surgery		Transfusing Facility/Hospital			Patient Blood Type	
Components Needed			Number of Units		Special Requirements		
<input type="checkbox"/> Red Blood Cells - Additive Solution (42-day expiration)					NOTE: Units will be sent to requesting hospital regardless of product CMV status. <input type="checkbox"/> Quint Pack for RBCs <input type="checkbox"/> Quint Pack for Plasma <input type="checkbox"/> Other:		
<input type="checkbox"/> Platelets							
<input type="checkbox"/> Plasma							
<input type="checkbox"/> Other:							

CAUTIONARY NOTES and INFORMED CONSENT: DESIGNATED DONATION

PATIENT CONSENT: *I have read the Cautionary Notes and Informed Consent for Designated Donations on page 2. I consent to accepting Designated Donation(s) for my use from those donors listed below in the Designated Donor List section. I understand others **not** listed below may donate to replenish blood I use by donating on my behalf by using a designated hospital group code on file at the blood bank.*

CONSENTIMIENTO DEL PACIENTE: *He leído las Notas Precautorias y Consentimiento Informado para Donaciones Designadas en la página 2. Otorgo mi consentimiento para aceptar la Donación Designada para mi uso, de aquellos donantes enumerados más adelante en la sección Lista de Donantes Designados. Entiendo que otras personas no enumeradas en dicha lista pueden donar, para reponer la sangre que use, en mi nombre y usando un código hospitalario designado que se encuentre en los registros del blood bank.*

Patients/Parent/Legally Authorized Representative Signature _____ Date: _____

DESIGNATED DONOR LIST Donors are limited to specific people chosen by the patient, approved by the patient's physician and who are **ABO compatible**. **NOTE:** Only those ABO compatible listed below may donate for this patient (**limit 6**).

Donor Name	Blood Type	Donor Name	Blood Type
1.		4.	
2.		5.	
3.		6.	

PHYSICIAN INFORMATION (All Fields Mandatory)

I have evaluated my patient and find the benefits of Designated Donation outweigh the risk and authorize the collection of the components requested above. Potential Designated Donors have been reviewed with patient. I understand donor eligibility is subject to the approval of the blood bank CMO or designee.

Physician Name (Please Print)		Physician Signature	Date
Address		Office Phone # ()	
Office Email Address		Fax # ()	

Blood Bank use only:

Fees Discussed: (Name of PT/Parent/Legally Authorized Representative)	Date:	Entered in SafeTrace: Staff ID:	Date:	Verified in SafeTrace: Staff ID:	Date:
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Designated Donation Request

CAUTIONARY NOTES & INFORMED CONSENT FOR DESIGNATED DONATIONS

- Designated donors are more likely to be first-time donors, previously untested for infectious disease and red cell antibodies. Statistically, these donors are no safer and may be less safe than volunteer donors.
- Transfusions to blood relatives, including parent to child, may increase immune system impairment and may lead to HLA alloimmunization, which could complicate future transplantation for the child.
- A woman of child bearing age who receives blood donated by her husband or male partner may have an increased risk of complication during future pregnancies. It is possible for a woman receiving a transfusion from her husband or male partner to form antibodies to his red blood cell antigens. Those antibodies could cause Hemolytic Disease of the Newborn (HDN) during a future pregnancy, if the developing baby inherits red blood cell antigens from the father that are not present in the mother. In HDN, antibodies produced by the mother cross the placenta and react with antigen-positive fetal red blood cells, resulting in shortened fetal cell life span. HDN can range in severity from cases with no symptoms to severe cases requiring intrauterine transfusion, red cell exchange transfusion at birth, or early delivery. Some cases of severe HDN may even result in fetal death. The risk of severe HDN is small, but is still much greater than the risk of transfusion associated HIV, estimated at 1 out of every 2,000,000 transfusions, which is often a major concern of individuals requesting Designated Donations. At Hoag Blood Donor Services, we strongly recommend a husband or male partner not donate for his female partner of childbearing age.
- I understand there may be a processing fee for designated donation. Charges may apply should I not use the blood collected on my behalf.
- I understand if a designated blood product is not needed for my procedure, it may be released to the hospital's general blood inventory.
- I understand I must sign the **PATIENT CONSENT** section on page 1 for this Designated Donation Request to be processed by the San Diego Blood Bank.

NOTAS PRECAUTORIAS Y CONSENTIMIENTO INFORMADO PARA DONACIONES DESIGNADAS

- Es más probable que los Donantes Designados sean donantes por primera vez, sin haberse sometido previamente a pruebas de enfermedades infecciosas y anticuerpos de glóbulos rojos. Estadísticamente, estos donantes no son más seguros y pueden ser menos seguros que los donantes voluntarios.
- Las transfusiones a un familiar sanguíneo, incluyendo padre a hijo, puede aumentar la insuficiencia del sistema inmunológico y puede derivar en aloimmunización HLA, cual podría complicar los trasplantes futuros para el niño.
- Una mujer en edad reproductiva que recibe sangre donada de su esposo o pareja masculina puede tener un mayor riesgo de complicaciones durante embarazos futuros. Es posible que una mujer que recibe una transfusión de su esposo o pareja masculina forme anticuerpos contra los antígenos de los glóbulos rojos de la sangre donada. Estos anticuerpos podrían causar enfermedad hemolítica del recién nacido (HDN) durante un embarazo futuro si el bebé en desarrollo hereda los antígenos de los glóbulos rojos del padre que no están presentes en la madre. En la HDN, los anticuerpos producidos por la madre cruzan la placenta y reaccionan con los glóbulos rojos fetales positivos con antígenos, lo que deriva en un ciclo de vida acortado de los glóbulos fetales. La HDN puede variar en gravedad, y los casos van desde la ausencia de síntomas hasta casos graves que requieren transfusión intrauterina, intercambio de glóbulos rojos en el nacimiento o parto prematuro. Algunos casos de HDN grave incluso pueden derivar en muerte fetal. El riesgo de HDN grave es pequeño, pero aún es mucho mayor que el riesgo de VIH asociado con transfusiones, que se calcula en 1 caso por cada 2,000,000 de transfusiones, el cual es una preocupación importante para las personas que solicitan Donaciones Designadas. En el Hoag Blood Donor Services, recomendamos ampliamente al esposo o pareja masculina no donen para su pareja femenina en edad reproductiva.
- Entiendo que puede haber una cuota de procesamiento para la Donación Designada. Los cargos pueden aplicar incluso si no uso la sangre.
- Entiendo que si un producto sanguíneo designado no es necesario para mi procedimiento, puede ser liberado al inventario de sangre general en los hospitales.
- Entiendo que debo firmar la sección de **CONSENTIMIENTO DEL PACIENTE** en la primera página de esta Solicitud de Donación Designada para que sea procesada por el San Diego Blood Bank.