

## REQUEST FOR DIRECTED DONOR BLOOD COMPONENTS

**To the Physician:**
**Directed Donation Protocol**

- **By Order:** This completed order is required to be submitted to the transfusing hospital, and then to LifeStream Medical Services prior to the donor presenting to donate blood.
- **Appointment:** Directed donations are by appointment only through Medical Services.
- **Patient's Blood Type:** To ensure that only donors of a blood type compatible with the patient are drawn, this order for directed blood components must include the patient's blood type.
- **Donor Compatibility:**
  - ✓ LifeStream does not provide pre-donation blood typing or CMV testing for Directed donors.
  - ✓ Blood donated by donors whose blood is not compatible ABO-Rh will be distributed and billed to the hospital indicated on order.
  - ✓ It is the patient and physician's responsibility to assure that compatible donors are listed on this form.
  - ✓ Donors with ABO/Rh compatibility will be evaluated according to standard blood donor regulations, and not all will qualify to donate.
- **Donor Information:** This order must include the contact information for the approved donors listed.
- **Scheduling:** The preferred time frame of the donation is at least one week before the patient's scheduled surgery. LifeStream needs at least 72 hours to test and prepare the blood and cannot guarantee it will be available sooner.
- **Fees and Billing:** LifeStream does not bill private insurance companies. The hospital transfusion service will be billed.
- **Physician and Hospital Transfusion Services Approval:** This request form must be signed by both the ordering physician and by a hospital transfusion service representative from the facility at which the surgery/transfusion is being performed.
- **Order Submission:** Fax completed orders to 909-386-6817.
- **Contact:** For appointments and/or assistance contact Medical Services at 1(877)386-6874.

**Recipient Information**

Last Name		First Name, Middle Initial	
Address		Date of Birth	Birth Sex (circle one) <b>M    F</b>
Phone #		ABO-Rh Type	SSN or MR #
Contact Person / Relationship		Contact Phone #	

**Surgery/Transfusion Information**

Hospital		Address	
Surgery / Diagnosis		Surgery/Transfusion Date	

**Components Requested (Check selection(s))**

<input type="checkbox"/>	Packed RBC's	<input type="checkbox"/>	Other, specify* (Requires pre-approval of LifeStream Medical Director)
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<b>Physician Information</b>						
Physician Name/ Credentials				Address		
Phone #			Email			Fax
<b>List of Donors (Print)</b> <i>Note: If more than three donors, list on separate page and attach.</i>						
Donor's Full Legal Name	Date of Birth	Blood Type	Address	Phone #		
1.						
2.						
3.						
<p><b>To the Physician:</b></p> <p>You <b><u>MUST</u></b> obtain the approval signature of a Hospital Transfusion Services representative from the location at which the surgery/transfusion is being performed <b><u>BEFORE</u></b> submitting to LifeStream. This is required as the Transfusion Service will be billed for this collection.</p> <p>Complete <b>Parts A and B</b> below.</p>						
<p><b>A: Ordering Physician's Consent for Directed Donations:</b></p> <p><i>I understand that the LifeStream Medical Director has the final responsibility for determining donor suitability. I understand that LifeStream implies no warranty that directed components decrease the generally recognized risks of transfusion reactions, infections, and disease transmission. I have discussed directed blood collection with my patient and in my opinion, the patient understands the nature and risks associated with directed donations which are optional alternatives to using units from the community blood supply. <u>In signing this order, I am agreeing to accept blood from the directed donors listed above and authorized by my patient providing they meet all regulatory and testing criteria.</u></i></p> <p style="text-align: center; margin-top: 20px;"> <hr style="width: 100%;"/> <span style="display: inline-block; width: 50%; text-align: left;"><i>Authorized Signature (Ordering MD/DO, NP, PA)</i></span> <span style="display: inline-block; width: 20%; text-align: center;"><i>Credentials</i></span> <span style="display: inline-block; width: 30%; text-align: right;"><i>Date</i></span> </p>						
<p><b><u>DO NOT</u></b> submit this order to LifeStream without FIRST obtaining the signed approval of the hospital transfusion service below. Orders without this signature will be returned.</p>						
<p><b>B: Hospital Transfusion Services Representative Approval:</b></p> <p style="text-align: center; margin-top: 20px;"> <hr style="width: 100%;"/> <span style="display: inline-block; width: 50%; text-align: left;"><i>Hospital Transfusion Services Representative</i></span> <span style="display: inline-block; width: 20%; text-align: center;"><i>Title</i></span> <span style="display: inline-block; width: 30%; text-align: right;"><i>Date</i></span> </p>						
<p><b>Upon form completion:</b></p> <ul style="list-style-type: none"> <li>Fax completed orders to 909-386-6817</li> <li>For appointments and/or assistance contact Medical Services at 1(877)386-6874</li> </ul>						