

## Form: Donor and Patient Risk Acknowledgement for Directed Donation

Please complete a separate form for each directed donor. This form must be completed in full before the donor will be scheduled for collection. Incomplete responses will result in delay.

Patient Name: \_\_\_\_\_

Directed Donor Name and Phone Number: \_\_\_\_\_

The ordering physician has explained the following topics to the donor and the patient (must mark all boxes):

- Directed donations are NOT safer than donations from volunteer blood donors and may be associated with higher rates of transfusion-transmitted infectious disease markers when compared to blood donations from random volunteer donors. Directed donors are often first-time donors who have never been tested or may feel pressured to donate despite knowing they are not eligible.
- Blood product transfusions from blood relatives may result in alloimmunization against donor human leukocyte antigens, which may substantially complicate future organ, stem cell, or bone marrow transplants from relatives, if needed.
- Blood product transfusions from blood relatives carry an increased risk of transfusion-associated graft vs. host disease, and I have ordered irradiation of all cellular products collected from relatives to mitigate this risk.
- Transfusion of red blood cells from a male partner to a female patient are contraindicated due to a risk of alloimmunization and future hemolytic disease of the fetus and newborn.
- In the event that the designated recipient does not require transfusion, directed donations will be transfused to other patients or discarded according to hospital policy.

### Ordering Physician Acknowledgement:

- I have reviewed blood donor eligibility criteria with this potential donor. (See [www.redcrossblood.org/donate-blood/how-to-donate/eligibility-requirements.html](http://www.redcrossblood.org/donate-blood/how-to-donate/eligibility-requirements.html) for more information on blood donor eligibility requirements.)
- I have confirmed that the ABO/Rh blood type of this donor is compatible with the patient. If the patient has clinically significant alloantibodies, I have confirmed that the potential donor is negative for the corresponding red cell antigen.
- I have discussed the patient's request for directed donation with the transfusion service medical director of my hospital blood bank, and they have agreed to accept directed donations for this patient into their blood bank inventory.  
**Name of approving hospital blood bank medical director:** \_\_\_\_\_

I have reviewed and understand the information above and have discussed this information with my patient.

Signature of ordering physician or licensed provider: \_\_\_\_\_