



INNOVATIVE BLOOD RESOURCES

Memorial Blood Centers Nebraska Community Blood Bank
737 Pelham Blvd. 100 N. 84th Street
St. Paul, MN. 55114 Lincoln, NE 68505
Phone: 651-332-7321 Phone: 877-486-9414
Fax: 651-332-7001 Fax:402-486-9428

Physicians Order Form for Directed Donation

PART I: TO BE COMPLETED BY THE PATIENT'S PHYSICIAN - PLEASE FILL OUT COMPLETELY

Please indicate the type of component(s) and the quantity of each component below.

I request Innovative Blood Resources to draw: Whole Blood Red Cells Plasma Platelets
for my patient (legal name)

I understand that directed donations are not accepted on an emergency basis. I will not be notified whether or not sufficient directed donations have been made. It is the responsibility of the patient, for whom I have requested these donations, to ensure that these donors present themselves to the blood center not less than three (3) working days (blood) or two (2) working days (platelets) prior to expected use.

Please check if special criteria must be met (Note: All units will be irradiated): ABO/Rh Identical units only
Date of expected use: Patient's Blood Type (Required)
Hospital / City Blood Supplier
Physician's name (print) Telephone
Physician's signature Date

PART II: TO BE COMPLETED BY THE PATIENT (or Parent/Guardian if patient is a minor)

My signature below attests that I have read the information given to me about directed donations and that I understand that blood donors selected by me are no safer than donations from other volunteers. I understand that blood from directed donors will not be available if:

- Donor is not eligible to donate
Donor does not meet criteria set by my physician
Donor blood is not compatible with my blood
Unit is not acceptable by screening tests
Units are broken, contaminated or not transfusable for any reason

Innovative Blood Resources cannot guarantee that directed units will be available. Blood donated for me is the property of the blood center. The blood center will take reasonable measures to deliver directed units to the hospital within a timely manner. If not compatible, they will be made available to other patients. I understand that I will be charged the standard service fees for the collection, testing and processing of these units, as well as a special handling fee. I am also responsible for shipping costs that may be incurred. I hereby request that Innovative Blood Resources draw the following directed donors for me/ my child:

ALL DONOR INFORMATION IS REQUIRED TO ACCEPT A DONOR

Table with 5 columns: Donor Legal Name (Print), Date of Birth, Gender, Blood Type, Phone Number

ALL INFORMATION IS REQUIRED TO ACCEPT THIS REQUEST

Patient's Legal Name: Date of Birth:
Address: Telephone Number:
City: State: Zip Code:
Signature of Patient (or Parent/Guardian if patient is a minor)



INNOVATIVE
BLOOD
RESOURCES

Memorial Blood Centers
737 Pelham Blvd.
St. Paul, MN. 55114
Phone: 651-332-7321
Fax: 651-332-7001

Nebraska Community Blood Bank
100 N. 84th Street
Lincoln, NE 68505
Phone: 877-486-9414
Fax:402-486-9428

Physicians Order Form for Directed Donation

PART III: TO BE COMPLETED BY HOSPITAL BLOOD BANK OR TRANSFUSION SERVICES- PLEASE FILL OUT COMPLETELY

Patient: _____ Blood Type _____

Patient's Date of Birth: ____/____/____

Anticipated date of use: ____/____/____

Component Information:

- LEUKOREDUCED AS-1 RED CELL (CPD DOUBLE)
- LEUKOREDUCED CPDA-1 RED CELL (CPDA-1 DOUBLE)
- Pediatric bags attached
- Other (specify) _____

Tech's Initials/Date

NOTE: IF COMPONENT REQUESTED IS NOT COMPLETED, UNIT WILL BE DRAWN AS A LEUKOREDUCED AS-1 UNIT



INNOVATIVE
BLOOD
RESOURCES

Memorial Blood Centers
737 Pelham Blvd.
St. Paul, MN. 55114
Phone: 651-332-7321
Fax: 651-332-7001

Nebraska Community Blood Bank
100 N. 84th Street
Lincoln, NE 68505
Phone: 877-486-9414
Fax: 402-486-9428

Physicians Order Form for Directed Donation

Donors need to present themselves to the blood center not less than three (3) working days (blood) and two (2) working days (platelets) prior to expected use.

Information below for Innovative Blood Resources use only

IBR Physician

Physician's Signature

Date

Comments

