Versiti Illinois Inc. offers a Directed Donor Program whereby donations may be directed to specific patients to meet blood needs for planned surgeries or transfusions.

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 “Request for Directed Blood” form on the back of this brochure should be completed (cut the “Request for Directed Blood” along the fold of this brochure). List the names of prospective donors who have agreed to donate on behalf of the patient. 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. 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 [https://www.versiti.org/ways-to-give/blood-donation/donation-eligibility-faq](https://www.versiti.org/ways-to-give/blood-donation/donation-eligibility-faq) 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 suitable units matching the blood type ordered are tagged, reserving them for the patient’s use.

Hospitals will be notified only of drawn 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 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 Illinois 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.

**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.

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 will be irradiated and leukoreduced.

**Should units need shipping to a hospital not serviced by Versiti Illinois, the patient must pre-pay shipping costs.**
Appointments
Prospective donors must schedule appointments for directed donations at one of the following centers: Aurora, Tinley Park, Crystal Lake, DeKalb, Joliet, Winfield, Naperville and Highland, IN. To allow ample time for collection, testing, processing, and then delivery to the hospital, donors must donate at least three, but not more than twelve working days, (excluding Sundays and holidays) before the date of the surgery. For example, donations made on a Friday should be available for a surgery scheduled for the following Tuesday. The “Request” form will be on file at one location only so the patient should advise all prospective donors to schedule appointments at the same donor center.

All questions regarding this program may be directed to Versiti Illinois, Special Donor Services, at (630) 892-7055.

Please refer to our website www.versiti.org.

The request form must be completed, signed and sent to the appropriate center by the time donors schedule their appointment for donation at that center.
REQUEST FOR DIRECTED BLOOD

Instruction to the Physician: This form will be considered your prescription and must be fully completed, signed and presented before any prospective donors may be screened or drawn. The patient must recruit an adequate number of donors to meet the physician’s request.

PATIENT INFORMATION

Last Name (please print) 
First Name 
Middle Init. 
Street Address 
City 
State 
Zip Code 
E-Mail

Birthdate 
Area Code
Home Phone
Area Code 
Business Phone
Extension

TRANSFUSION INFORMATION

Patient Blood Type (ABO & RH) 
Date of Surgery
Diagnosis / Surgical Procedure

Hospital 
City
If not a system hospital, complete the following information.
Blood Center that supplies the above hospital.
Address
City 
Zip Code

BLOOD COMPONENTS REQUESTED (please write quantity needed in the box)

☐ Leukoreduced Red Blood Cells
☐ Special Requests: (please check) 
☐ CMV Negative
☐ HgbS Negative
☐ PediPaks

☐ CPD (non-additive – 21 days)
☐ AS-1, AS-3, AS-5 (28 days after irradiation)

What donor blood types will you accept?

☐ Patient’s ABO blood type ONLY
☐ Any compatible blood type

All Directed cellular products will be irradiated.

Please see other side for completion of order.
PHYSICIAN INFORMATION

Last Name (please print) [space for name] Area Code Office Phone Extension

First Name [space for name] Middle Init. Area Code Fax Number

Office or Clinic Name (as appropriate) [space for name]

Street Address [space for name] E-Mail

City [space for name] State Zip Code

I have discussed the procedure and risks of the Directed Donor Program and the alternatives available with my patient. I hereby request that directed donor units, as ordered above, be drawn for my patient’s surgery/transfusion.

Physician Signature [space for name] Date [space for name]

PROSPECTIVE DONORS:

Name (Please print full name) Donor’s Phone Number Unit ID (Blood Bank Use Only)

[space for name] [space for name] [space for name]