Mercy

Mercy Hospital St. Louis
Blood Donor Services

DIRECTED DONATION REQUEST

Patient Name: _____ MRN: _____
LAST FIRST MIDDLE INITIAL

Address: _____ Patient Request ID: _____

_____ Birthdate: _____ / _____ / _____

Surgeon: _____ Phone: (_____) _____ - _____

Date of Transfusion/Surgery: _____

Location: ☐ Mercy Hospital St. Louis
☐ Mercy Hospital Washington ☐ Other _____

INSTRUCTIONS TO THE PATIENT:

1. Complete the above information; use the name **AS IT APPEARS ON YOUR INSURANCE CARD.**
2. Sign and date the form below.
3. Have a witness, age 18 or older, sign and date the form below your signature.
4. Ask your donors to schedule their own appointments by calling 314-251-4483 Monday – Friday (St. Louis); 636-239-8751 Wednesday and Thursday (Washington) or toll free 866-373-6667 Monday - Friday.
5. Return this request form to Blood Donor Services prior to the first scheduled donation.
6. Completed forms may be sent by FAX, 314-251-7454 (St. Louis); 636-239-8267 (Washington).

I hereby request that the Mercy Hospital St. Louis (MHSTL) Blood Donor Services collect blood as directed donations for me. My signature below signifies that I have read and understand the information about Directed Donation. I understand that there is no evidence that blood from donors selected by me is safer than blood from regular volunteer donors. As stated in the DIRECTED DONATIONS – PATIENT INFORMATION sheet, I understand that:

1. All donors requesting to donate for me will be directed donors, and these products will be held for me only if they are ABO/Rh compatible.
2. Some directed donor units may not be suitable for transfusion.
3. MHSTL does not offer nor imply warranty that directed donations decrease the generally recognized risks of transfusion, e.g., reactions, infections, etc.
4. MHSTL Blood Bank assumes no responsibility if an insufficient amount of directed donations has been collected, or if accident or other mishap renders the donated unit unusable.
5. The results of all donor testing remains strictly confidential.
6. Patients with ongoing transfusion needs must notify Blood Donor Services.
7. Directed Donations Request form(s) for patients with ongoing transfusion needs will be held in current file for 12 months. After that time, a new Directed Donation Request form will be required.

PATIENT SIGNATURE _____ DATE _____
(Parent or guardian must sign for patient, if patient is under age 18)

WITNESS SIGNATURE _____ DATE _____
(Required) Forms submitted without a witness will not be accepted.

Copies: **WHITE** – MHSTL Blood Donor Services, **CANARY** - Patient