

**Designated Donation Order Form – DESIGNATED DONATION IS BY APPOINTMENT ONLY AT THE FOLLOWING LOCATIONS: Woodburn Donor Center, Centremed Donor Center and Dulles Town Center Donor Center**

Note: Form must be completed and signed by physician. Fax completed form to 571-434-3682 or email the form to [ibdsdistribution@inova.org](mailto:ibdsdistribution@inova.org) . Contact Blood Donor Services at 1-866-256-6372 to schedule an appointment or for questions/concerns.

Date \_\_\_\_\_

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone Number \_\_\_\_\_

Transfusion Date \_\_\_\_\_ Transfusion Location \_\_\_\_\_ Number of Units \_\_\_\_\_

Patient's ABO/Rh Type \_\_\_\_\_ Special Needs \_\_\_\_\_

**NICU Patients Only – Physicians Please Select Options Below**

NICU Protocol (for patients 4 months of age or less, AS-3 RBCs are preferred) Yes  No

In order to ensure the receipt of AS-3 RBCs, donors must qualify for a Double Red Cell procedure, please circle an alternative option in the event that an AS-3 RBC cannot be drawn: **AS-1 AS-5 or Postpone Request**

Physician's Name \_\_\_\_\_

Physician's Signature (*Required*) \_\_\_\_\_

Physicians Tel # \_\_\_\_\_ Fax \_\_\_\_\_

**Designated Donor List**

Donor's Name	Relationship to Patient