

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 571-665-6439 or email the form to 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