

Apheresis Designated Donor Request

Part 1: Patient Information and Request

I request that the Eileen Murphree McMillin Blood Center of The Methodist Hospital Perform an apheresis procedure from the person named below and reserve the unit from the donation for my exclusive use should I require a transfusion.

I understand that this blood unit is not safer than random units from the community blood supply and that it must be donated 2 working days prior to being transfused. **The component will not be available for my use unless the donor passes all routine screening and laboratory testing.** If I am unable to use the unit, it will be released to the community supply. I also understand that while the same donation criteria, (with the exception of hematocrit), screening procedures, and tests will be used for my designated donor as for community donors, no amount of testing or screening will provide absolute safety from any transfusion-transmitted disease. If the donated unit is, for any reason, incompatible or unacceptable, it will not be reserved. If I require additional blood components than anticipated, the community supply is available. ***No guarantees have been made to me about the availability or safety of this designated component.**

THE FOLLOWING INFORMATION MUST BE PROVIDED BY THE INTENDED RECIPIENT (or guardian) BEFORE THE DONOR CAN BE DRAWN. PLEASE PRINT

Patient Name	Hospital Number
Address	Date of Birth Room Number
City State	Surgeon / Physician
Patient's Signature	Surgical Procedure / Reason for Transfusion
Name of Donor	Exact Date of Surgery / Transfusion

Part II: TO BE COMPLETED BY DONOR

I understand that I must meet the same donor criteria as community blood donors (with the exception of hematocrit). If my unit is found to be incompatible, it will be placed in the community blood supply, and if my unit is found to be unacceptable for transfusion for any reason, it will be discarded.

Donor's Signature	Date
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Eileen Murphree McMillin Blood Center

First Floor, Fondren-Brown Building, Room # F102

Hours: 8:30 a.m. – 5:30 p.m.

CLOSED: SATURDAY AND SUNDAY

Phone: 713/441-3415

Free parking for Blood Donors for time of donation at any Texas Medical Center Garage, Scurlock and Smith Towers

TELEPHONE ORDER: ? Yes ? No

Date: _____ Time: _____

Patient: _____

By: _____

Witness: _____