South Texas Blood & Tissue Center

"Serving the community for over 30 years"

DIRECTED DONATION ORDER

Date: _____

To: South Texas Blood & Tissue Center
Fax #: (210) 731-5501

PATIENT INFORMATION	
Name: _____	Social Sec. No.: _____
Address: _____	Date of Birth: _____
_____	Blood Type (if known): _____
Home Phone: (____)_____	Determined By: _____
Work Phone: (____)_____	Atypical Antibody? Yes No If Yes, describe:_____
Diagnosis: _____	

Surgery	Physician
Date: _____	Name: _____
Hospital: _____	Address: _____
City: _____	Office Phone: _____ FAX: _____

Please check the component(s) required and indicate number of units.

Component	Number of Units Requested
Leuko-Reduced Red Cells	_____
Dual Red Cells (Leuko-Reduced)	_____
Single Donor Platelets (Leuko-Reduced)	_____
Other: _____	_____

Please check below for any special instructions.

Special Orders	Component Modification
Whole Blood	Irradiate
Fresh Frozen Plasma	Other: _____
CMV Testing	

Physician Signature: _____

APPROPRIATE APPOINTMENTS FOR DESIGNATED DONORS AND THE PATIENT (IF NECESSARY) WILL BE SCHEDULED UPON RECEIPT OF THE COMPLETED ORDER.

ISO REGISTERED FIRM

Main Office: 6211 IH 10 West at First Part Ten Blvd. • San Antonio, Texas 78201 • (210) 731-5555 • 1-800-292-5534 • FAX (210) 731-5505
Victoria Branch: 1109 Sam Houston Drive • Victoria, Texas 77901 • (361) 576-3651 • 1-800-345-4967 • FAX (361) 573-1621

Patient Name: _____ *DIRECTED DONATION ORDER*

COLLECTION RECORD

DATE	UNIT NUMBER	Acceptable	Unacceptable

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