



SPECIAL DONATIONS ORDER FORM

Blood Center Use only:

SafeTrace ID # _____ Entered by: _____/Date _____ Reviewed by: _____/Date: _____

Print patient's name LEGIBLY (Last Name, First Name, MI). The name on the request MUST agree exactly with that on the hospital registration to ensure that patient will receive his/her unit(s).

LAST NAME,

Grid for last name

FIRST NAME,

Grid for first name

MI

MI box

DATE OF BIRTH: MM/DD/YYYY

Grid for date of birth

M

M box

F

F box

SEX

DAY PHONE # AREA CODE AND PHONE NUMBER

Grid for day phone

ALTERNATE PHONE # AREA CODE AND PHONE NUMBER

Grid for alternate phone

SURGERY/TRANSFUSION DATE _____

PHYSICIAN NAME (please print) _____

HOSPITAL _____

INSURANCE INFORMATION (MUST BE COMPLETED)

Phone _____ FAX# _____

MEDICARE MEDI-CAL WORKER'S COMP

KAISER/MR # _____

Physician Signature (Required) _____ Date _____

OTHER _____

ADDITIONAL INFORMATION FOR DIRECTED DONATION (DD) TO BE COMPLETED BY PATIENT

Please check one box:

- I will accept blood only from the directed donors listed below.
I agree to accept donations from any family members, friends and others who wish to donate for me.

COMPONENTS REQUESTED Number of units needed: Auto DD

- Packed Cells
FFP
Fibrin Adhesive
Other

INFORMATION for DIRECTED DONATION (DD)

Signature (Patient or Representative) _____ Date _____

Patient Blood Type _____

Table with 2 columns: Directed Donor Name, Blood relative? (Y/N)

- Special Instructions: Quad Pack, Sickle Dex Negative, CMV Negative, Donor Type Specific, Irradiate, Other, Divided

COMMENTS _____

APPLICABLE FEES WILL BE COLLECTED AT TIME OF DONATION

Please call for hours of operation to schedule your appointment

San Luis Obispo

**4119 Broad Street, Ste 100
San Luis Obispo, CA 93401
Phone: 805-546-4290
Fax: 805-543-4926**

Santa Barbara

**902 Laguna
PO Box 1148 (93102)
Santa Barbara, CA 93101
Phone: 805-965-7037
Fax: 805-965-3113**

Santa Maria

**1770 S. Broadway
Santa Maria, CA 93454
Phone: 805-928-2546**

Ventura

**1756 Eastman Ave., Suite 104
Ventura, CA 93003
Phone: 805-654-1600
Fax: 805-658-6527**

Rancho Mirage

**39000 Bob Hope Drive
Rancho Mirage, CA 92270
Phone: 760-773-4190**