

Patient Request, Consent, and Release for Directed Blood Donations

I hereby request that COMMUNITY BLOOD CENTER ("CBC") collect blood from donors recruited by me or my designee for my use from a list of names provided by me to CBC. I have read and I understand the information provided to me by CBC about directed blood donations. I understand that there is no evidence that blood from donors selected by me are any more suitable than blood from random volunteer blood donors. I also understand that each unit of blood drawn from my donors will be tested for Syphilis, AIDS, Hepatitis, and other viruses and/or retroviruses. Any abnormal test result will be disclosed only to the donor. In that event, my attending physician will only be told that a unit is unusable. I understand and consent to the following:

1. I will have no right to receive the name or any other information of any kind from CBC concerning the donation process, the donation result, or blood test results of the donors designated by me or any other donor whose blood I may use, except as may be required by law.
2. It may be impossible for CBC to obtain enough units suitable for transfusion from my list of designated donors. In such event, I will have no right to know which donors' blood I actually will be receiving.
3. I hereby consent to the use of random, volunteer blood whenever I may require transfusion of products other than Red Blood Cells or products, in excess of the units donated by my designated donors.
4. CBC makes no warranty or representation of any kind, either expressed or implied, that directed donations decrease any risks of transfusion or of unfavorable reactions, infections, etc.
5. CBC will charge and I shall pay a service fee, before any Directed Donor blood is released. A processing fee on each directed unit released for me is charged through the hospital transfusion service at the time of my admission to the hospital. I understand that if, for some reason, I am not admitted to the hospital, I will be billed directly for these processing fees and I agree to accept full financial responsibility for them.
6. CBC shall have no responsibility or liability if I am unable to recruit a sufficient number of donors for my blood unit needs or if accident or other unforeseen circumstance renders any donated unit unusable.
7. Should a previously undetected antibody be found when the unit(s) are crossmatched at the hospital, making them unsafe for my use, I agree to accept allogeneic units, if it is necessary for my well-being. I understand that all testing to determine the compatibility of my blood with that of my donor(s) cannot, cost effectively be performed in advance of receipt of the donated units at the hospital.

I hereby release CBC, its trustees, officers, employees, agents and other representatives from any and all liability for claims, losses and/or expenses which I or my heirs, executors, administrators, successors or assigns might have that result directly or indirectly from any negligence or misrepresentation by any of my directed donors or from any inaccurate or incomplete information given by any such donor to CBC.

Name of Patient

Signature of Patient

Birth Date

Signature of parent or guardian if Pt is a minor and relationship

Address

City/State/Zip