

DIRECTED BLOOD DONATION INFORMATION

Who is a directed blood donor?

A directed blood donor is someone, usually a parent, family member or friend, who donates blood specifically for a patient in advance of a scheduled procedure or transfusion.

Are directed donor units safer than units donated by community donors?

Directed donor units are not safer than units donated by community donors. They are tested for infectious diseases just like units donated from routine, community donors. Directed donor units could be less safe if someone feels pressure from family or friends to make a directed donation and may not feel comfortable revealing critical health information that would make them ineligible to donate. It is absolutely essential for the safety of the blood supply that all donors honestly answer health screening questions asked at the donor center. Please encourage but do not pressure friends or family members to donate. They may have a health condition you don't know about that would make the unit harmful to the recipient.

Is there a fee to be a directed donor?

There are no SBC fees for the directed donor making a blood donation. Please call the Special Donations Office at 650-723-6667 for more information. Additional fees for handling, processing and testing may be charged to the patient's hospital account by the hospital.

How far in advance of the patient's procedure or transfusion does the donor need to donate?

A minimum of **three** (**five** for hospitals not served by Stanford Blood Center) business days is required prior to the patient's scheduled procedure or transfusion to allow for processing and testing the blood. There are no exceptions.

When do directed donor units expire?

Most directed donor whole blood or red blood cell products expire 21-42 days from the day of collection, depending on the processing required of the unit. Platelets expire 5 days after collection.

What happens to the directed donor unit after donation?

The directed donor unit will be either kept as whole blood or separated into components such as packed red blood cells and plasma, depending on the physician's order for the patient. Directed components not utilized by the intended patient may be used by other patients or discarded, depending on the hospital's policy.

The directed donor unit will be tested for infectious diseases that may be transmitted through blood transfusion, including but not limited to: HIV, Hepatitis B and C, and syphilis. If the directed donor unit tests reactive for any of these infectious agents, the ordering physician will be notified by phone that the unit will not be available, and the unit is then discarded. The actual test results are confidential and will only be disclosed to the directed donor and in some cases to Public Health authorities.

Who is eligible to be a directed donor?

In general, a "directed donor" must:

- Be in good health and free of infectious diseases at the time of their donation.
- Be blood-type compatible with the patient. If you don't know your blood type, you can donate a unit of blood for your patient. The blood center will type the unit and determine whether it is compatible with the intended recipient. If it is not, the unit will be released to general inventory for use by other patients.
- Meet special medical requirements of the patient, including but not limited to Cytomegalovirus (CMV) status (see next section).
- Not have a history of syphilis, hepatitis B, hepatitis C, or HIV
- Age minimum of 18 years or 16/17 years with parental consent.

Additionally, female donors with a history of pregnancy may provide red blood cells and cryoprecipitate, but not plasma or platelets. This is a measure taken to reduce the risk of Transfusion-Related Acute Lung Injury (TRALI), a complication that may occur when transfused plasma-containing blood components contain specific antibodies (anti-HLA and anti-HNA) directed against the patient's white blood cell antigens.

Are there any times when a directed donor unit might not be transfused to the intended recipient?

Yes. The directed unit must be blood type compatible AND also fulfill the special medical needs of the patient, which may be quite complex. For example, many patients who are immunocompromised (have weakened immune system) require blood from donors who test negative for Cytomegalovirus antibody (CMV-negative). Only 50% of people are CMV-negative in our geographic area. CMV causes a mild flu-like illness in adults with a normal immune system, but can cause severe illness in immunocompromised patients. Donors with laboratory evidence of a CMV infection (CMV-positive), even in the remote past, would not be eligible to donate for patients who require CMV-negative blood. In such cases the directed unit may be transfused to a different patient who does not have a requirement for CMV-negative blood.

Another example is when a patient or a specific procedure requires the red blood cells to be washed at the hospital immediately before use. Washed red blood cells can only be used within 24 hours of washing. If the washed directed unit is not used within the acceptable time limits (possibly due to changes in scheduling or patient needs), it will be discarded.

If someone would like to be a directed donor what do they need to do?

The patient or the patient's representative should speak with the patient's physician to request that the Stanford Blood Center collect blood from directed donors for the intended recipient. Once determined that a directed donation is appropriate and the order has been sent to Stanford Blood Center, contact Special Donations at 650 723-6667.