



Laboratory Service Manual

Lab Dept: Transfusion Services

Test Name: DIRECTED DONOR BLOOD

General Information

Lab Order Codes: N/A – Specify on the product request order.

Synonyms: Designated Blood Donation; Directed Donation; DD blood

CPT Codes: Refer to specific blood component for coding

Test Includes: Donor phlebotomy, ABO grouping, Rh typing, antibody screen, HB_sAg, HB core antibody, hepatitis C antibody, HIV-1,-2 antibody, and HTLV-I antibody

Logistics

Test Indications: Obtain blood or components for later use by a designated patient.

Lab Testing Sections: Transfusion Service

Referred to: Memorial Blood Center: 651-332-7000, ext. 7102

North Central Blood Services: 651-291-4606

Phone Numbers:

Minneapolis: 612-813-6824

Saint Paul: 651-220-6558

Test Availability: Contact the Blood Center for hours of donations.

Turnaround Time: 3 days

Special Instructions: Refer family and potential donors to “A Parent’s Guide to Directed Donation of Blood Products” pamphlet for instructions. This pamphlet is available through Children’s Marketing department or Children’s Transfusion Service.

Specimen

Special Processing: Donors must meet all the requirements of a regular blood donor.

Sample Rejection: Same as regular blood donors



Laboratory Service Manual

Interpretive

Limitations:

Donors recruited by family and friends of the patient may not be eligible to give blood. They must not have donated blood within the past eight weeks, they must be in good health, and they must pass all the tests and answer the health questions appropriately. Donor and recipient must be ABO/Rh compatible.

Other limitations:

- Directed donations cannot supply blood in an emergency
- Blood from directed donations generally cannot be available in less than 3 days
- Directed donors are neither safer nor riskier than regular blood donors
- Administrative costs increase when directed donors are requested. Telephone calls and unproductive visits to the blood center take up everyone's time.
- Directed donors lose the anonymity of the conventional donor and may become subject to legal complications.
- More units may be needed than the directed donor(s) can provide.
- Rh-negative recipients may have difficulty finding enough Rh-negative directed donors

Methodology:

Contact the blood center and the hospital Transfusion Service to make the arrangements.

Contraindications:

ABO/Rh incompatibility between recipient and donor. Knowledge of both recipient and potential donor must be available prior to scheduling the donation.

References:

Aubuchon JP (1989) Autologous Transfusion and Directed Donations: Current Controversies and Future Directions. *Transfus Med Rev* 3(4):290-306

Hillyer CD, Tiegerman KO and Berkman EM (1991) Evaluations of the Red Cell Storage Lesion After Irradiation in Filtered Packed Red Cell Units. *Transfusion* 31(6):497-9

Kanter M, Selvin S, and Myhre BA (1989) The Probability of Finding Suitable Directed Donors. *Arch Pathol Lab Med* 113(2):174-6



Laboratory Service Manual

Starkey JM, MacPherson JL, Bolgiano DC, et al (1989) Markers for Transfusion-Transmitted Disease in Different Groups of Blood Donors. JAMA 262(24):3452-4

Thaler M, Shamiss A, Orgad S, et al (1989) The Role of Blood from HLA-Homozygous Donors in Fatal Transfusion-Associated Graft-Versus-Host Disease after Open Heart Surgery. N Engl J Med 321(1):25-8

Wagner FF and Flegel A (1995) Transfusion-Associated Graft-Verus-Host Disease: Risk Due to Homozygous HLA Haplotypes. Transfusion 35(4):284-91