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**Lab Dept:** Transfusion Services

**Test Name:** DIRECTED DONOR BLOOD

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***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<sub>s</sub>Ag, HB core antibody, hepatitis C antibody, HIV-1,-2 antibody, and HTLV-I antibody

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***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.

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***Specimen***

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

**Sample Rejection:** Same as regular blood donors

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## ***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:**

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

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

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