

<b>INTENDED RECIPIENT INFORMATION</b> (Required by Transfusion Medicine)		
Last Name:	Full First Name:	Hospital:
D.O.B.:	Gender:	Patient Care Unit:
RHRN:	PHN:	Reason for Directed Donation: <input type="checkbox"/> Surgery OR Date: <input type="checkbox"/> Other (specify):

### COLLECTION SITE/ LABORATORY INFORMATION

1. Draw the following on potential directed **donor(s)**

**HH:** 1 x 4 mL lavender top EDTA tube

**TYPE & ABS:** 1 x 6 mL lavender top EDTA tube

2. In DOE, order **DDW**
3. **Send TYPE, ABS with this requisition to FMC Transfusion Medicine**
4. Send HH to DSC or RRL as designated on label.

**Any inquiries contact FMC Transfusion Medicine 403-944-1367**