LifeStream
GIVE HOPE | GIVE LIFE | GIVE BLOOD

REQUEST FOR AUTOLOGOUS DONOR BLOOD COMPONENTS

Schedule appointment for all donor centers and auto van by **Faxing orders to 909.386.6817 Call Toll Free – 1.877.386.6874**.

Donor centers are located in San Bernardino, Riverside, Ontario, Victorville, La Quinta, and Murrieta.

- **Autologous donations should be completed no later than 14 days prior to surgery.**
- **The patient is required to have a hemoglobin of no less than 11gm/dL.**
- **Low weight patients (80-109 pounds) may donate low volume RBCs only.**
- **Any exception requires LifeStream Medical Director approval.**

Patient:_____ Date of Birth:_____ SSN or MR #:_____
Last Name, First Name, Middle Initial (if used) — MR required for Kaiser pts.

Address:_____ Phone #:_____ : _____
Street Address, Apt. # or Unit # — Home — Work

_____ Phone #:_____
City, State, Zip — Cell

Surgical Procedure:_____ ABO-Rh Type:_____
If Known

Contact Person (Other than Patient):

Name:_____ Relationship:_____ Phone:_____

Hospital:_____ Surgery/Transfusion Date:_____
Surgery/Transfusion Location

Address:_____ Phone #:_____
(If out of area) Street Address

_____
City, State, Zip

Components Requested	**# of Components Requested**
☐ Packed RBCs	_____
☐ Packed RBCs (LOW WEIGHT PATIENT / 350mls / **not leukoreduced**)	_____
☐ Packed RBCs + Frozen Plasma	_____
☐ FP (Frozen Plasma)	_____
☐ Cryoprecipitate	_____
☐ Other ****(Requires pre-approval of LifeStream Medical Director)** _____	_____

Printed Physician's Name/Credentials:_____
Address:_____
Phone:_____ E-Mail:_____ Fax:_____

Physician's Consent and Request for Autologous Donations

I understand that the LifeStream Medical Director has the final responsibility for determining donor suitability.

In my opinion, the patient is physically able to withstand the withdrawal of the ordered components. I am aware that severe anemia, cardiovascular instability or any signs of bacteremia or viremia are contraindications for autologous blood collection. I have discussed autologous blood collection with my patient and in my opinion, the patient understands the nature and risks of the proposed procedure and that autologous donation is an optional alternative to using units from the community blood supply.

_____ _____
Authorized Signature (Ordering MD/DO, NP, PA) — Date

Requests with the practitioner's name signed by another individual and initialed or a stamped signature will be returned for an authorized signature.