

REQUEST FOR AUTOLOGOUS DONOR BLOOD COMPONENTS

Physician Instructions	
<ul style="list-style-type: none"> Complete every section to avoid communication and processing delays. Submit request by fax at least 3 weeks prior to scheduled surgery or transfusion; autologous donation(s) should be completed at least 2 weeks before surgery. FAX COMPLETED REQUEST TO 909-386-6817. 	
QUESTIONS?	Call LifeStream's Medical Services Department: 1-877-386-6874

Patient Information			
Full Name (LAST, FIRST MI)		Date of Birth	
SSN or MR #		Sex at Birth (CIRCLE ONE)	M F
ABO-Rh Blood Type (IF KNOWN)		Patient Phone #	

Autologous Unit(s) Requested	
<input type="checkbox"/> Packed RBCs QUANTITY: _____	<input type="checkbox"/> Packed RBCs for Low Weight Patient, 80 – 109 pounds QUANTITY: _____ (350mL / not leukoreduced)

Surgery/Transfusion Information			
Hospital		Facility Address	
Surgery/ Diagnosis		Surgery/ Transfusion Date(s)	

Requestor Information					
Physician Name (Print)				Credentials	
Direct Phone #		Email		Fax	

Physician's Consent and Request for Autologous Donations	
<p>I understand that the LifeStream Medical Director has the final responsibility for determining donor suitability.</p> <p>In my opinion, the patient is physically able to withstand the withdrawal of the ordered components. <u>I am aware that severe anemia, cardiovascular instability or any signs of bacteremia or viremia are contraindications for autologous blood collection.</u> 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.</p>	
_____ Authorized Signature/Credentials (MD/DO, NP, PA)	_____ Date