LifeStream
GIVE HOPE | GIVE LIFE | GIVE BLOOD

REQUEST FOR AUTOLOGOUS DONOR BLOOD COMPONENTS

Physician Instructions	
• 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 Special Services Department: 1-877-386-6874**

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

Autologous Unit(s) Requested	
☐ Packed RBCs **QUANTITY**: _____	☐ 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

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/Credentials (MD/DO, NP, PA) Date