

Quantity

- _____ **Blood Transfusion-Options for Patients (English/Spanish)**
- _____ **Eat Right for Healthy Blood (English/Spanish)**
- _____ **Blood Donation for Hemochromatosis Patients (English/Spanish)**
- _____ **Making Your Autologous Blood Donation Safe (English/Spanish)**
- _____ **Making Your Therapeutic Blood Collection Safe (English/Spanish)**
- _____ **When Someone You Know Needs Blood (English/Spanish)**
- _____ **Take The First Step – Join The Marrow Registry (English/Spanish)**
- _____ **LifeStream Contact/Location Card**
- _____ **Placentia Facility for Autologous/Directed Donation General Information Card**
- _____ **Fountain Valley Facility for Autologous/Directed Donation General Information Card (Limited Scheduling)**

Please send me an original* of the following:

- A Patient’s Guide to Blood Transfusion, CA. Paul Gann Act (English/Spanish)**
- Approximate Risks per Unit of Transfused Allogeneic Blood Products**
- Autologous Acceptability Criteria**
- Autologous Donation Protocol – a step by step guide**
- Directed Donation Protocol – a step by step guide**
- Therapeutic Phlebotomy Prescription Form (SOP\4870F1)**
- Request for Autologous Donor Blood Components**
- Request for Directed Donor Blood Components**

**Photocopy as needed. If you would like an electronic copy, please provide an email address below.*

Please complete:

Name: _____ **Phone Number:** _____

Physician’s Name: _____

Mailing Address: _____

Email Address: _____

Return completed form to:

LifeStream
ATTN: Administrative Support
P. O. Box 1429
San Bernardino, CA 92402-1429

OR EMAIL
pmaterials@LStream.org

OR CALL
909.885.6503 extension 659

OR FAX
909.381.2036

All physician materials are available through LifeStream’s website www.lstream.org / Physician’s Services.