



**THE BLOOD[®]
CONNECTION**

Your Community Blood Center

PHYSICIAN'S REQUEST FOR **AUTOLOGOUS DONATION**

Form must be completed by your physician and returned by email to your local blood donation center.

Please note the request must be emailed, not faxed.

Your request will be reviewed by our Medical Director.
If approved, we will call to schedule your donation.

All donations **must** be scheduled ahead of time
to assure accurate and timely service,
no walk-ins please!

If your request is not approved,
your physician will be notified.

**Please allow up to 3 business days
for completion of approval process.**

For more information, please contact your local blood donation center
(see end of document for center list).

Section I: Patient Information and Request - to be Completed by Physician's Office

Patient's Name _____ Sex _____ Date of Birth _____
Last First

Address _____

Phone Number _____ Social Security # _____ / _____ / _____

Section II: Physician's Order - to be Completed by Physician's Office

Date of Anticipated Transfusion/Surgery: _____ Hospital: _____ Number of Units: _____

Intended Procedure: _____ Intended Donation Location: _____

Process as: Leuko-reduced RBC Other _____

Please check any of the following medical problems that might adversely affect patient's tolerance to blood donation:

Heart Disease Chronic Lung Disease Seizure Disorder CVA TIA

Patient's Current Medications _____

Physician's Printed Name: _____ Office Phone: _____

Physician's Signature: _____ Date: _____

Email completed form to: SpecialDonations@thebloodconnection.org

Section III: To be Completed by The Blood Connection **Patient Order #: _____**

The Blood Connection Work Instructions

- Review section I and section II for completion.
- Obtain physician / medical director approval for any adverse medical conditions listed.
- Complete section III
- Note any pertinent information (i.e. appendix written, physician verbal approval obtained, etc.) related to collection on comments line.

Social Security Number Verbally Verified by patient/donor Yes No **Tech Code:** _____

Receiving Facility: _____ Ship to Facility: _____

Phone #: _____ Contact: _____

	Unit Number		Collection Date	Tech Code
	1st Stick	2 nd Stick (if applicable)		
1				
2				
3				
4				

Comments: _____

Route form: Specialdonations@thebloodconnection.org

Route Copy: Hospital Services in zip lock bag with unit

BLOOD DONATION **CENTERS**

FIND A LOCATION NEAR YOU

Asheville, NC Donation Center

225 Airport Rd. Arden, NC 28704

Tel. **828.585.8060**

Email ashevillecollections@thebloodconnection.org

Augusta, GA Donation Center

3156 Perimeter Road, Suite 201 Augusta, GA 30909

Tel. **828.233.5301**

Email augustacollections@thebloodconnection.org

Charleston, SC Donation Center

5870 Core Rd. North Charleston, SC 29406

Tel. **864.232.8442**

Email charlestoncollections@thebloodconnection.org

Easley, SC Donation Center

5116 Calhoun Memorial Hwy. Easley, SC 29640

Tel. **864.644.00300**

Email easleycollections@thebloodconnection.org

Florence, SC Donation Center

1617 South Irby Street Florence, SC 29505

Tel. **843.473.6288**

Email florencecollections@thebloodconnection.org

Greenville, SC Donation Center

435 Woodruff Rd. Greenville, SC 29607

Tel. **864.232.8437**

Email greenvillecollections@thebloodconnection.org

Greenwood, SC Donation Center

341 Old Abbeville Hwy. Greenwood, SC 29646

Tel. **864.227.8333**

Email greenwoodcollections@thebloodconnection.org

Hendersonville, NC Donation Center

825 Spartanburg Hwy. Hendersonville, NC 28792

Tel. **828.233.5301**

Email hendersonvillecollections@thebloodconnection.org

Lexington, SC Donation Center

5141 Sunset Boulevard Lexington, SC 29577

Tel. **864.751.1168**

Email lexingtoncollections@thebloodconnection.org

Myrtle Beach, SC Donation Center

1217 38th Avenue North Myrtle Beac, SC 29577

Tel. **843.473.6288**

Email myrtlebeachcollections@thebloodconnection.org

Raleigh, NC Donation Center

5925 Glenwood Ave. Suite #150 Raleigh, NC 27612

Tel. **984.222.1101**

Email glenwoodcollections@thebloodconnection.org

Savannah, SC Donation Center

1915 East Victory Square, 2A Savannah, SC 31401

Tel. **912.777.1011**

Email savannahcollections@thebloodconnection.org

Seneca, SC Donation Center

1308 Sandifer Blvd. Seneca, SC 29678

Tel. **864.882.8364**

Email oconeecollections@thebloodconnection.org

Spartanburg, SC Donation Center

270 N. Grove Medical Park Dr. Spartanburg, SC 29303

Tel. **864.641.6013**

Email spartanburgcollections@thebloodconnection.org