



**Request for Further Information**

Thank you for your support of The Blood Center and the volunteer blood donor program. At this time, our records indicate you are ineligible as a volunteer blood donor. If you would like more information, please complete this form and return to a staff member or mail to the address below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

E-Mail (Optional): \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security # (Optional): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to:        Medical Affairs Department  
                  The Blood Center  
                  315 S. Johnson St.  
                  New Orleans, LA 70112