



**Instructions:** Patients please complete lines 1 – 7.

**Patient Information**

1. Patient Name (Print Legibly): \_\_\_\_\_, \_\_\_\_\_  
Last First

2. Date of Birth: \_\_\_\_\_ Sex: **Male** / **Female** (circle one)

3. Have you been admitted to a hospital in the last 3 months? **No** / **Yes** (circle one)

If yes, \_\_\_\_\_  
Hospital Name City & State Date of Admission

4. Have you ever received a blood product (transfusion)? **No** / **Yes** / **Not Sure** (circle one)

5. If yes, was it within the last 3 months? **No** / **Yes** / **Not Sure** (circle one)

Where? \_\_\_\_\_  
Hospital Name City & State Date of Transfusion

6. Are you scheduled to have surgery? **No** / **Yes** (circle one)

If yes, \_\_\_\_\_  
Hospital Name City & State Date of Surgery

7. **Females Only:** Are you pregnant now or have you been pregnant within the last 3 months?

**No** / **Yes** / **Not Sure** (circle one) \_\_\_\_\_  
Due date if applicable

If yes, Did you receive an Rh Immune Globulin (RhoGam, MICRhoGam, Rhophylac) shot within the last 6 months?

**No** / **Yes** / **Not Sure** (circle one)

If yes, date of last dose \_\_\_\_\_

**For Lab / Collection Staff Use Only**

**For Blood Bank Staff Use Only**

Draw Station Location: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Blood Bank Dept. Phone Numbers:

- Crouse: 315-470-7404