



Instructions: Patients please complete lines 1 through 8.

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. Have you ever had a stem cell or bone marrow transplant? **No** / **Yes** (circle one)

If yes, where? _____
Hospital Name City & State Date of Transplant

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

If yes, _____
Hospital Name City & State Date of Surgery

8. **Females Only:** Are you pregnant now or have you been pregnant within the last **6** 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
- St. Joseph's: 315-448-5404