



PATIENT INFORMATION PATIENT NAME: DOB: MR#: FACILITY: (MAY PLACE PATIENT ADMISSION LABEL HERE)
--

TRANSFUSION HISTORY FOR SURGICAL PRE-ADMISSION TESTING

Dear Patient,

Your doctor has ordered a blood bank crossmatch test for your upcoming surgery. We would like to perform this test today as you are making your visit to our institution for your pre-operative work up. A special armband will be placed on your arm. Do not remove this armband prior to your surgery, or a new sample must be collected.

In order to use the blood sample that is being collected from you today, we must know if you have been transfused, pregnant, received a solid organ transplant, or received a bone marrow transplant any time during the past three months. **If the answer is yes, DO NOT sign this form, but notify the nurse or phlebotomist immediately.** This means that we must collect the sample on the day of your surgery.

Your surgical procedure is scheduled to be performed on _____.
(DATE/TIME)

Have you been pregnant, received a transplant or received any blood products within the last three months prior to today?

NO YES (date of transplant/transfusion _____)

If you receive a transplant or transfusion between the time this specimen is collected and your date of surgery/transfusion, you must notify your physician. A new blood sample must be drawn.

This form must be signed and dated for your blood sample to be collected and valid for early testing. The specimen will be valid for testing for 10 days from the date drawn.

I acknowledge that I have NOT been transplanted, transfused or pregnant in the last three months. (If you answered YES above, do not sign this form and contact the nurse or phlebotomist immediately)

Print Patient Name or Legally Responsible Person (include relationship to the patient) DATE

Sign Patient Name or Legally Responsible Person (include relationship to the patient) DATE

Witness DATE