

TRANSFUSION SERVICES

PATIENT LABEL

Date \_\_\_\_\_

Documentation of Patient's Transfusion History / Pregnancy

The following information must be completed if blood is drawn more than 3 days prior to surgery (up to 14 days).

I have not been pregnant or received blood or blood products within the past *THREE* months.

Please Note:

If any of the boxes in the section below are checked, the patient should not be drawn now, but rather within 3 days of the surgery date.

I have been (check the appropriate box) within the last *three* months.

Pregnant  
 Transfused with blood or blood products

I am not certain whether or not I have received any blood or blood products within the past *three* months.

\_\_\_\_\_  
Patient's (Designee's) signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

Deliver the completed form along with the specimen to the blood bank.



3120B

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