

Blood Bank Specimen Patient Information Form (Prenatal Testing Excluded)

For any **Blood Bank Test (except Prenatals)** ordered on an outpatient, this form must be fill out. If patient is unable to answer, contact physician's office.

Form must accompany specimen to the hospital.

1. Is testing for Surgery, Procedure, Transfusion or Labor & Delivery admission? **YES** (continue) **NO** (stop)
2. Scheduled Date _____
3. Which hospital? Butterworth - order test # 232
 Blodgett - order test # 231

- **Patient:** Have you been transfused with any blood products or been pregnant in the last 3 months?
 YES (specimen **MUST** be drawn within 3 days of surgery)
 NO (specimen may be drawn within 7 days of surgery)

- **Labor & Delivery Patient:**
 - Specimen must be collected within 3 days of procedures
 - Has patient received RH Immune Globulin (commonly referred to a RHoGAM or Rhophylac) in the past 6 months? **YES** **NO**
 If YES, Date administered _____

- **Specimen Label signed by 2 people?** **YES**
- **NOTE:** Phleb and a witness must sign the specimen.

Collection Date: _____

Phleb Name: _____

Aliquot Label