

Pre-Surgical Phlebotomy Verification Form

For any **Blood Bank Test (except Prenatals)** ordered on an outpatient, this form must be filled 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

<input type="checkbox"/> Blodgett	<input type="checkbox"/> Reed City
<input type="checkbox"/> Big Rapids	<input type="checkbox"/> United
<input type="checkbox"/> Gerber	<input type="checkbox"/> Zeeland

Patient: Has patient 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)

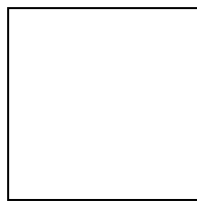
• **Labor & Delivery Patient:**

- 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

Entities will reference associated Documentation contained within this document as applicable
Printouts of this document may be out of date and should be considered uncontrolled.