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
   ☐ Blodgett    ☐ Reed City
   ☐ Big Rapids  ☐ United
   ☐ Gerber     ☐ 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