



Center Information:

Compatibility Sample Questionnaire

Date _____ Patient Name _____ ID # _____
Print Name

Have you donated blood for this procedure? Y / N Number of units? _____

Have you had anyone donate for your procedure? Y / N Number of units? _____

Have you ever received a blood transfusion? Y / N

If yes, approximate date(s): _____

Have you been pregnant in the last 3 months? Y / N / NA (male)

The Compatibility Sample Questionnaire documents patient history at the time of sample collection when the 3-day rule does not apply. Blood sample collection from patients with no history of transfusion or pregnancy within the last 3 months may occur up to 14 days before transfusion as defined by the Medical Director for the Transfusion Services.

The information I have given is correct and accurate.

Patient Signature

Date

Interviewer Signature

Date

Parent or Guardian: Name

Date

Reviewed By

Date