



Donation Date:

Donation ID:

ID Checked (Initial)

Primary Secondary

Autologous Blood Donation Record

Corporate: 8910 Linwood Avenue, Shreveport, LA 71106

Site Location:

IDL/Computer Check (Initial)

OK Deferred

Collection Code:

BUN Barcode
2nd BUN Barcode

Apply Blood Unit Number Barcode Here

Apply 2nd Blood Unit Number Barcode Here (when applicable)

Personal Information									
LBC # Only	DOB	Age	Sex	Race	Home Phone	Work Phone			
Name (Last name, First name)			Previous Name		Cell Phone	Phone to Use <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> None			
Address				Updated Phone # <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			Call When? <input type="checkbox"/> Anytime <input type="checkbox"/> Day <input type="checkbox"/> Evening		
City		State	Zip	Updated Address					
Email Address					1st Time Lifeshare Donor <input type="checkbox"/> Yes <input type="checkbox"/> No		Blood Type		
Last Donation Date			<input type="checkbox"/> Hemochromatosis Donor		or		<input type="checkbox"/> Therapeutic		Directed? <input type="checkbox"/> Yes
Credit To	Patient's Name			Hospital					
Physical Information									
Arm Appearance <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Repeat Vitals (if necessary)		Exam / Spot Vital Tech ID		Weight	_____	pounds	Procedure <input type="checkbox"/> WHB <input type="checkbox"/> SW <input type="checkbox"/> Plasma <input type="checkbox"/> S1 <input type="checkbox"/> SA <input type="checkbox"/> PTP <input type="checkbox"/> 2 RBC <input type="checkbox"/> RBC / PTP <input type="checkbox"/> PTP / P <input type="checkbox"/> RBC / P <input type="checkbox"/> RBC / PTP / P	
BP	/	(90-180) / (50-100)			Height	_____	inches	Instrument <input type="checkbox"/> ALYX <input type="checkbox"/> TRMA <input type="checkbox"/> AUTO <input type="checkbox"/> AM-D <input type="checkbox"/> AM-S	
Pulse	/ min	(50-100)			ACT	_____	%	Tech ID (Initial)	
Temp	F	≤ 99.5			Apheresis Serial Number				
Phlebotomy Information									
1st Start Tech ID	Start Time		Draw Vol		_____	mL	Bag/Kit Lot #		
2nd Start Tech ID	Stop Time		RBC Loss		_____	mL			
Stop Tech ID			Plasma Loss		_____	mL	Failure Reason <input type="checkbox"/> Vein Problem <input type="checkbox"/> Reaction <input type="checkbox"/> Machine <input type="checkbox"/> Bag / Kit <input type="checkbox"/> Other		
Arm Used	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both		Reaction?		<input type="checkbox"/>		
Sent to Lab for Testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		2 PTP?		<input type="checkbox"/>				
Deferral Reason	Eligible On		Donor Informed of Reason and Deferral Period		<input type="checkbox"/>		Post Donation Instructions Given <input type="checkbox"/>		
Cholesterol Test	<input type="checkbox"/>		Final Review						
Comments									

System Generated