

DONOR REGISTRATION FORM

Date	Time	Site/Mobile	ID <input checked="" type="checkbox"/> Initials	16 Year Old Consent <input type="checkbox"/> On File <input type="checkbox"/> Attached <input type="checkbox"/> N/A
Donation Type <input type="checkbox"/> WB <input type="checkbox"/> PLT <input type="checkbox"/> PLS <input type="checkbox"/> RBC <input type="checkbox"/> 2RBC <input type="checkbox"/> HH <input type="checkbox"/> RE <input type="checkbox"/> TP <input type="checkbox"/> Other _____				

DONOR (PLEASE PRINT CLEARLY)

Last Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Previous Name(s) If you have ever donated blood under another name, please print the name(s) previously used <input type="checkbox"/> I have never donated blood under another name
First Name	M.I	Date of Birth - -		
Please provide an address where you can receive mail for the next 8 weeks. Street Address PO Box /Apt #				
City		State	Zip	Race (check all that apply) <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> Multiple Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Decline to reply
Phone Day ()		Evening ()		
Email				
				Please complete the questionnaire on the back of this form.

Apheresis Informed Consent

The apheresis procedure has been fully explained in a language that I understand and I have had an opportunity to ask questions

Staff ID

Apheresis Donor Signature: _____

Date: _____

Staff ID	Screening Room ID#	E✓	Aspirin/Anti-platelet? Y N		
Eaten/liquids in the past 4 hours? Y N			Donor ID ✓		Donor ID ✓
Nutrition given prior to donation? Y N			Unit #1		Unit #2
Arm Condition <small>Satisfactory (S) or Unsatisfactory (U)</small>		S U	Acceptable? Y N		
Weight (lbs)			Acceptable? ≥ 110 Y N		
Hemoglobin (g/dL)		1st attempt 2nd attempt	Acceptable? Male 13.0 - 19.9 Female 12.5 - 19.9 Y N		
Temperature (°F)		1st attempt 2nd attempt	Acceptable? ≤ 99.5 Y N		
BP (mmHg)	Systolic	1st attempt 2nd attempt	Acceptable? 90-180 Y N		
	Diastolic	1st attempt 2nd attempt	Acceptable? 50-100 Y N		
Pulse (bpm)		1st attempt 2nd attempt	Acceptable? 50-100 Y N		
			Arm Used L R	Arm Used L R	
			Scale #	Scale #	
			Start	Start	
			Staff ID	Staff ID	
			Stop	Stop	
			Staff ID	Staff ID	
			Bag Lot #	Bag Lot #	

DEFERRAL INFORMATION

Date Eligible

☐ Indefinite

Donor Initials

DONOR (Please read and initial the following statement)

I have been informed and understand the reason for my deferral

UNIT STATUS

	UNS ≤119g	INC 120g - 448g	LV 449g - 571g	OVR ≥678g	
Unit #1 (g)					
Unit #2 (g)					

REACTION

☐ TYPE I ☐ TYPE II ☐ TYPE III ☐ Hematoma ☐ Other
☐ Reaction/Incident Report attached

Lot Release

Y

N

Lot Release Staff ID

Demonstration License