

**WELLSPAN TRANSFUSION SERVICES**

**PRE-ADMISSION TESTING FORM**

**If a patient has pre-admission Blood Bank orders (Type and Screen or a Product Order\_RBC) the following information will be required for the specimen to be drawn within 21 days prior to the surgery date.**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ordering Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In the last three (3) months:**

1. **Has the patient been pregnant?**

**Yes: \_\_\_\_\_ No: \_\_\_\_\_**

1. **Has the patient had any blood transfusions?**

**Yes: \_\_\_\_\_ No: \_\_\_\_\_**

1. **Has the patient been an IV drug abuser?**

**Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**If any of the above questions are answered YES, the specimen MUST be drawn within three (3) days of surgery.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Physician Signature**

**Date of Collection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Form # LAB-300

Revised: 7/2014