

Label

New Vision Laboratory
St. Rita's Medical Center
Lima, OH

**PREADMISSION TESTING VERIFICATION OF
TRANSFUSION / PREGNANCY STATUS**

4256275

Today's date: _____ Surgery date: _____

ALL PATIENTS: Please answer yes or no to the following questions:

Have you been transfused with any blood product within the last 3 months? Yes No

Are you currently pregnant or have you delivered a baby, had an abortion or miscarriage in the last 3 months? Yes No

Is the date of your surgery / procedure more than 7 days from today? Yes No

If you answered **yes** to any of the above questions you will not be able to have your blood bank testing performed more than **2 days** prior to your procedure. (If you answered yes to any of the above you may have had an exposure which could cause the formation of an antibody. To be able to detect these antibodies the testing needs to be performed as close as possible to your procedure, no more than 2 days prior.)

If you answered No to the above questions you may have your blood bank work performed today and **you will be required to wear your blood bank armband.**

***You must arrive at the Medical Center with the special armband on your wrist on the day of surgery. If you do not have the armband on your wrist when you arrive for surgery, the laboratory testing will have to be repeated. The repeat testing may delay your surgical procedure.**

If your surgery is postponed for more than 7 days this testing will need to be repeated.

Patient Signature

Date

Time

Witness Signature

Date

Time

