

Label

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

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

4256283

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

