

EMERGENCY BLOOD DONATION
(Modified Version of DD Form 572)

Date of Last Pre-screen: _____ Date of Donation: _____

Donor's Full Name: _____ SSN: _____

Donor's Unit/Location While Deployed: _____

Deployed Phone: _____ Deployed Email: _____

Current Residence: Bldg # _____ RM# _____

Since your pre-screening, have there been any changes we should know about? NO / YES

If yes, explain: _____

Y	21.	N	Female Donors: Are you pregnant now, or have you been Pregnant in the past 6 weeks?	Y	27.	N	In the past 4 weeks, have you taken any pills or medications including Accutane (Isotretinoin), Proscar (Finasteride) or Propecia
Y	22.	N	Are you feeling well and healthy today?	Y	28.	N	In the past 3 days, have you taken aspirin, Piroxicam (Feldene), or anything with aspirin in it?
Y	23.	N	In the past 8 weeks have you given blood, plasma, or platelets?	Y	29.	N	Have you ever had chest pain, heart disease, or lung disease? Have you ever had yellow jaundice, liver disease, hepatitis, or a positive hepatitis test?
Y	24.	N	Have you been refused as a blood donor or told not to donate blood?	Y	30.	N	In the past 3 months, have you been given a rabies shot?
Y	25.	N	In the past 3 months, have you been under a doctor's care, had an illness, or surgery?	Y	31.	N	In the past 3 months, have you had an accidental needle stick or come in contact with someone else's blood?
Y	26.	N	In the past 3 months, have you received blood, blood products, or a tissue transplant including any you may have donated for yourself (autologous)?	Y	32.	N	In the past 4 weeks, have you had any shots or vaccinations?

(Use this section and reverse side of form to explain any Y answers above.) **High risk/WNV/SARS oral questions (30 May 2003) asked by _____**

Donor Temp: _____ Donor Blood Pressure: _____ Phleb Initials: _____

Donor Pulse: _____ Donor Hemoglobin/HCT: _____ Phleb Start Time: _____

Donor Reaction (if any) _____ Phleb Stop Time: _____

Bag Manufacturer: _____ Lot #: _____ Expiration date: _____ Anti-coag _____

Transfusion Date/Time: _____ Reason for Transfusion: _____ Name of Recipient _____

SSN: _____ ABO/Rh of Recipient: _____

Date/Time Crossmatch Performed: _____ Tech Name: _____

Date/Time of Rapid testing: _____ Tech Name: _____

HCV: _____ HBsAg: _____ RPR: _____ OraQuick: _____ Malaria: _____

Your blood **will NOT be tested** for viral diseases prior to transfusion due to the emergency, if for any reason you feel your blood may not be safe or you answered yes to any of the high risk questions, please do not donate today. I have read/had explained to me the high risk questions and am not in a high risk category, and feel my blood is safe to donate at this time.

I verify that I have answered the questions honestly, and feel my blood is safe to be transfused.

Donor's Signature