



Center Information:

## Compatibility Sample Questionnaire

Date \_\_\_\_\_ Patient Name \_\_\_\_\_ ID # \_\_\_\_\_  
Print Name

Have you donated blood for this procedure? Y / N Number of units? \_\_\_\_\_

Have you had anyone donate for your procedure? Y / N Number of units? \_\_\_\_\_

Have you ever received a blood transfusion? Y / N

If yes, approximate date(s): \_\_\_\_\_

Have you been pregnant in the last 3 months? Y / N / NA (male)

The Compatibility Sample Questionnaire documents patient history at the time of sample collection when the 3-day rule does not apply. Blood sample collection from patients with no history of transfusion or pregnancy within the last 3 months may occur up to 14 days before transfusion as defined by the Medical Director for the Transfusion Services.

The information I have given is correct and accurate.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian: Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed By

\_\_\_\_\_  
Date