

BLOOD DONATION RECORD										DONATION IDENTIFICATION NUMBER	
SECTION I - Womack Army Medical Center - Blood Donor Ctr											
1. DONATION FACILITY BRG-DRV0000647											
SECTION II		2. DON/PROC TH/WB	3. TODAY'S DATE 04/14/2014	4. ID TYPE		5. ID NUMBER		6. CHAGAS			
7. NAME (Last, First, Middle Initial) ACG-THERAPEUTIC, DONOR			8. GRADE/RATE	9. DATE OF BIRTH 01/01/1980	10. AGE 34 Yr 3 Mo	11. SEX F	12. ETHNICITY	13. ABO/Rh			
14. CURRENT MAILING ADDRESS 123 TEST LANE, ALEXANDRIA, VA, 22304				15. COUNTRY United States	16. DUTY PHONE		17. BEST CONTACT PHONE				
18. ORGANIZATION			19. STATION			20. Total Donations 2	21. DONOR ID DN00000023				
SECTION III		22. DEFERRAL LIST CHECKED BY ACA001	23. DONOR ID VERIFIED BY ACA001	24. WEIGHT 160	25. TEMP 98 TECH: ACA001	26. PULSE 66 TECH: ACA001	27. BP 120/80 TECH: ACA001	28. HGB/HCT 14 / TNP TECH: ACA001	29. ARM CHECK SAT TECH: ACA001	30. GENERAL APPEARANCE SAT	
31. VITAL SIGNS MONITOR			32. HEMOGLOBINOMETER			33. SCALE					
34. DOES DONOR QUALIFY? YES NO TECH:			35. BAG LOT NO.		36. SEGMENT NO.		37. REVIEWER				
DONOR MEDICAL HISTORY											
Question #	Question				Response		Comment				
201	Are you pregnant now, or have you been pregnant in the past 6 weeks?				Yes	PREG	History of pregnancy within last 6 weeks. Reviewed and Verified by Screener				
202	Are you feeling well and healthy today?				No	WELL	Donor misunderstood. Meant to answer Yes. Reviewed and Verified by Screener				
203	Have you ever had chest pain, heart disease, or lung disease?				Yes	HLCA	Medically Acceptable Heart/Lung Condition Reviewed and Verified by Screener				
204	Have you seen your provider concerning this condition in the past 6 months?				Yes	HLCP6	Heart/Lung Phy Exam < 6 Months Reviewed and Verified by Screener				
205	Have you ever had fainting spells, convulsions or seizures?				Yes	FCSA	History of Fainting, Convulsions, Seizures - Eligible Reviewed and Verified by Screener				
206	Do you have a consult from your Provider?				Yes	DATE	Consult Date. Reviewed and Verified by Screener				
SECTION IV		38. START TIME	39. STOP TIME	40. PHLEBOTOMIST		41. DONATION STATUS COMPLETE UNSUCCESSFUL INCOMPLETE OVERFILL		42. REACTION NONE SLIGHT MODERATE SEVERE			