BLOOD DONATION RECORD													DONATION IDENTIFICATION NUMBER				
SECTION I - Womack Army Medical Center - Blood Donor Ctr 1. DONATION FACILITY BRG-DRV0000647														-IX			
SECTION I	SECTION II 2. DON/PROC AU/WB			3. TODAY'S DATE 04/14/2014			4. ID TYPE					5. ID NUMBER			6. CHAGAS		
7.NAME (Last, First, Middle Initial) ACG-AUTOLOGOUS, DONOR				8. GRADE/RATE						AGE 11. SE r 3 Mo F		SEX	12. ETHNICITY		13. A	13. ABO/Rh	
14. CURRENT MAILING ADDRESS 123 TEST LANE, ALEXANDRIA, VA, 22304					5. COUNTRY	16. DUTY PHONE				17. BEST CONTA			ACT PHON	IE			
18. ORGANIZATION					ION				2		Donation		21. DONO	. DONOR ID 100000021			
SECTION III		22. DEFERRAL LIST CHECKED BY VERI			24 WEIGH	1T 25. TEMF	98 6 TECH: T		26. PULSE 27. BP 56 120/80 TECH: TECH: ACA001 ACA00		80 14/41 H: TECH:			29. ARI SAT	M CHECK	30. GENERAL APPEARANCE	
															1	SAT	
31.VITAL SIGNS MONITOR				32. HEMOGLOBINOMETER						3. SCAI	CALE			·			
34. DOES DONOR QUALIFY? YES NO TECH:			35. B	35. BAG LOT NO.					36. SEGMENT NO.				37. REVIEWER				
					DONO	R MEDICA	L F	HISTO	RY								
Question #									Respo	nse					nment		
101	week					int in the pa	st 6		Yes PREG			oregn 6 we			iewed a Screene	and Verified r	
102	Are y	ou feeling well a	nd healthy	today	?				No WELL				stood. er YES.		iewed a Screene	and Verified r	
103		you read and donted to you, and					on		No EDU1	unde	erstan				iewed a Screene	and Verified r	
104	Have Numb	you ever given l per?	blood unde	er anoth	her name o	or Social Sec	urity		Yes IDENT	Dono	or has	n mate s alteri			iewed a Screene	and Verified r	
105	Have blood	you ever been r 1?	efused as a	blood	donor or to	old not to d	ona	te	Yes REFA		or tole	d not t			iewed a Screene	and Verified r	
106	Have you had any illness or infection in the last 14 days?								Yes ILL2A	donate - Eligible Donor ill in the last 14 days - Eligible				Reviewed and Verified by Screener			
107	Are y	ou scheduled for	any proce	edure in	n Radiology	today or to	moi	rrow?	Yes RADA		ology		edure -	I C	iewed a Screene	and Verified r	
108		you ever had ye ve test for hepat		ice, live	er disease, I	hepatitis, or	а		Yes NHVH	Non-		Нера	titis		iewed a Screene	and Verified r	
109	Have	you ever had cl	nest pain, h	n, heart disease, or lung disease?					Yes HLCA	Medically Acceptal Heart/Lung Conditio							
110	Have	you ever had fa	inting spells	pells, convulsions or seizures?					Yes FCSA	Conv	vulsio	aintir ns, Sei	ng, zures -	Reviewed and Verified by Screener			
111	In the	e past 4 weeks, h ions?	ave you ta	ken an	y pills or me	edications o	r ha	ıd any	Yes ABIO		or is ta	aking a no ca	an ause fo	by S	iewed a Screene	and Verified r	
112	,	ou taking any iro		ations?				Yes IRON	Taking Iron Med			ls	Reviewed and Verified by Screener				
113		e past 8 weeks, h aad close contac						have	Yes POX			Exposu otoms		by S	Screene		
114	Do you have a consult from y				our Provider?				Yes DATE	Consult Date				Reviewed and Verified by Screener			
		1				ı											
SECTION IV		38. START TIME 39. STOP TIME 40. PHLEBOTOMIST 41. DONATION STATUS COMPLETE UNSUCCESSFUL INCOMPLETE OVERFILL								FILL	42. REACTION NONE SLIGHT MODERATE SEVERE						