

BLOOD DONATION RECORD										DONATION IDENTIFICATION NUMBER	
<b>SECTION I -</b> Womack Army Medical Center - Blood Donor Ctr											
1. DONATION FACILITY BRG-DRV0000647											
<b>SECTION II</b>	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			
<b>SECTION III</b>	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				
<b>SECTION IV</b>	38. START TIME	39. STOP TIME	40. PHLEBOTOMIST	41. DONATION STATUS COMPLETE UNSUCCESSFUL INCOMPLETE OVERFILL			42. REACTION NONE SLIGHT MODERATE SEVERE				