**Extend Crossmatch Form**

Has your child/or patient received blood or any blood products in the past 3 months?

 Yes No Unknown

**Has your child/or patient (if female) been pregnant in the past 3 months?**

**Yes No Not applicable**

**Name and birthdate of patient (please print below):**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate**:\_\_\_\_\_\_\_\_\_

**Date and location of surgery: \_\_\_\_\_\_\_\_\_\_\_\_**

Patient label

**Name of Parent/Guardian or Surgeon/Healthcare provider:**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_**

**Note: The ID band that has been placed on the child’s wrist or ankle has a unique identification number matching the number of the child’s blood sample. The name, birthdate and numbers must match the information on the blood bag to ensure a safe transfusion. It is VERY IMPORTANT to have the ID band on the day of admission, or the testing must be repeated. Sometimes another sample must be collected to confirm blood type and compatibility, but the highest level of care with testing is performed to provide a safe transfusion.**

**COMPLETION OF THIS FORM ALLOWS THE SAMPLE TO BE ACCEPTABLE FOR TESTING BEYOND THE 3-DAY REQUIREMENT IN PATIENTS WITHOUT A HISTORY OF PREGNANCY OR TRANSFUSION Thank you for your help!**