PRE-OP TRANSFUSION SERVICES QUESTIONNAIRE

	PATIENT ID			
1. Have you been pregnant within the past 3 months?		YES	NO	N/A
2. Have you receive	d a blood transfusion within the past 3 months?	YES	NO	
3. Date of surgery: _				
Patient Signature: _		_ Date:		
Sutter Roseville Medical Center Laboratory Services	PRE-OP TRANSFUSION SERVICES QUESTIONNAIRE	 E	Effective	: 04/18/2022
	PATIENT ID			
1. Have you been p	regnant within the past 3 months?	YES	NO	N/A
2. Have you received a blood transfusion within the past 3 months?		YES	NO	
3. Date of surgery:				
Patient Signature: _		_ Date:		
Sutter Roseville Medical Center Laboratory Services	PRE-OP TRANSFUSION SERVICES QUESTIONNAIR	 E	Effective	: 04/18/2022
	PATIENT ID			
1. Have you been p	egnant within the past 3 months?	YES	NO	N/A
2. Have you received a blood transfusion within the past 3 months?		YES	NO	
3. Date of surgery: _				
Patient Signature: _		_ Date:		