

**DRAFT**

## **Standard Operating Procedure for Using The *Donor Medical Review Form***

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### **Principle:**

This SOP describes the documentation of the major functions performed by the donor interviewer (when evaluating the suitability of the potential donor) and the phlebotomist (when prepping the donor and collecting his/her blood).

### **Materials:**

1. *Donor Medical Review Form*
2. Donor's past JMC Blood Bank records (e.g., previous *Donor Medical Review forms* and ABO/Rh test results)
3. *Hemoglobin SOP* (and related materials)
4. *Vital Signs SOP* (and related materials)
5. *Whole Blood Collection SOP* (and related materials)
6. *Donor Reaction SOP*

### **Procedure:**

1. Donor Interviewer's Responsibilities—Fill out the following portions of the *Donor Medical Review*:
  - a. Donor's last name and first name
  - b. Donor's gender
  - c. Donor's date of birth
  - d. Donor's social security number (or Georgian equivalent, if one exists)
  - e. Donor's home address
  - f. Donor's home and work telephone numbers
  - g. Visit date
  - h. Historical ABO/Rh type (note: this applies only for repeat donors. This information can be obtained by reviewing the ABO/Rh test results from the donor's previous donation)
  - i. Date of last donation (from most recent previous *Donor Medical Review*)
  - j. Next eligibility date (confirm that at least 8 weeks time has elapsed since last whole blood donation)
  - k. Total number of donations (keep a running total on each successive *Donor Medical Review*)
  - l. Hemoglobin—See *Hemoglobin SOP*
  - m. Pulse—See *Vital Signs SOP*

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- n. Temperature—See *Vital Signs* SOP
- o. Blood Pressure—See *Vital Signs* SOP
- p. Record whether or not donor appears to be in good health
- q. Write down your initials in the appropriate box

**This concludes the donor interviewer's role.  
The phlebotomist takes over at this point.**

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2. Phlebotomist's Responsibilities—Fill out the following portions of the *Donor Medical Review*

- a. Bag type
- b. Bag supplier
- c. Bag lot
- d. Was arm preparation performed? (see *Whole Blood Collection* SOP)
- e. Time at start of venipuncture (see *Whole Blood Collection* SOP)
- f. Time at stop of venipuncture (see *Whole Blood Collection* SOP)
- g. Gross weight of unit (see *Whole Blood Collection* SOP)
- h. Write down your initials in the appropriate box
- i. Note whether an adverse donor reaction was associated with the collection (see *Donor Reaction* SOP)

**References:**

AABB Uniform Donor History Questionnaire  
Sacramento Medical Foundation Blood Centers Donor Medical History