

## Emergency Blood Donor Call List Questionnaire

Please fill out the following questions:

Complete name: \_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_

Your blood type: \_\_\_\_\_

Cédula or passport: \_\_\_\_\_

Residential address or area: \_\_\_\_\_

House phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Are there certain months or specific dates of the year that you have regular absences from Panama? If so, please explain below:

\_\_\_\_\_  
\_\_\_\_\_

Your language?

\_\_\_\_\_ English

\_\_\_\_\_ Spanish

\_\_\_\_\_ Both

---

### To be filled out by authorized personnel:

Blood type: \_\_\_\_\_

Date of collection: \_\_\_\_\_

Information & blood sample collected by:

\_\_\_\_\_  
(Authorized signature)

\_\_\_\_\_  
(Print name)

Information & blood sample verified by:

\_\_\_\_\_  
(Authorized signature or document of info)

\_\_\_\_\_  
(Print name)

Date recorded on Emergency Donor Call List: \_\_\_\_\_

Recorded by:

\_\_\_\_\_  
(Authorized signature)

\_\_\_\_\_  
(Print name)