

Name of School : _____

Requested Date & Time for Blood Drive :

20 __ (Y) __ (M) __ (D) Start time: __ H __ M (AM/PM) End time: __ H __ M (AM/PM)

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Expected number of blood donors: total: _____ persons, _____ persons /day

**Contact Person
1**

Name : _____

Tel: _____

Fax : _____ Email : _____

**Contact Person
2**

Name : _____

Tel: _____

Fax : _____ Email : _____

**Pre-Blood
Donation
Lecture**

(45-60 Minutes)

Not required Required, number of participants _____

Lecture date : 20 __ Y __ M __ D

Time : __ H __ M (AM/PM)

**Number of
Promotional
Materials
Required**

Blood Donor Session Form : _____

Consent Form for Parent/Guardian of 17-Year-Old Donors : _____

Blood Donation promotional posters : _____

Important Information for Blood Donors (Information and Procedures of Blood Donation) : _____

Are You Negative (Being a Rh D negative blood donor) : _____

Iron Nutrition for Blood Donors (Leaflet) : _____

Others : _____

Remark

