

Name of Organization : _____	
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)	<input type="checkbox"/> Not required <input type="checkbox"/> Required, number of participants _____ <input type="checkbox"/> 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	

