

BLOOD TRANSFUSION ARTEFACT RECORD	
NUMBER	AA-070
ITEM / TITLE	BLOOD DONOR RECORD CARDS - COLOURED
PHYSICAL DESCRIPTION	A series of eight coloured blood donor record cards (approx 8 x 5 inches) used for recording blood donor information on the front of the card and blood donation information on the reverse. Used for card file manual record system (pre-computerisation).
OTHER INFORMATION	<p>The eight coloured cards comprise: A RH POSITIVE; B RH POSITIVE; O RH POSITIVE; AB RH POSITIVE; A RH NEGATIVE; B RH NEGATIVE; O RH NEGATIVE and AB RH NEGATIVE, i.e. using the convention of A = yellow, B = pink, O = blue and AB = white, Rh positive = black writing and Rh Negative = red writing / red stripe.</p> <p>The donor information sections on the front of the card includes: Surname; Christian Names; Time Available; Address; Telephone No.; Postal Code; Date of Birth; Firm's Name; Firm's Address; Dept & Clock Number; Other Groups; Medical History; Civilian Occupation; Signature and Birthplace.</p> <p>The reverse of the card includes the columns: Date; Serial No.; Hb%; Volume Taken; Serol. Test; M.O. Nurse; Remarks.</p> <p>There are different print runs for each of the eight types of cards and various numbers of each are in the archive – general code number N BTS 101/N (Revised at different times).</p>

PHOTOGRAPHS OF THE ARTEFACT					

Note: Additional photograph on the next page

Surname (Block Caps)		Christian Names Mr. Mrs. Miss	Time Available	A.B.O. Group O
(Née)			Date of Birth	Rh. Negative
Address				

Surname (Block Caps)		Forenames Mr. Mrs. Miss	Time Available	NBTS 101/N (Rev. 1973) A.B.O. Group A
(Née)			Date of Birth	Rh. Negative
Address			Birth Place	

Surname (Block Caps)		Forenames Mr. Mrs. Miss	Time Available	NBTS 101/N (Rev. 1973) A.B.O. Group B
(Née)			Date of Birth	Rh. Negative
Address			Birth Place	

Surname (Block Caps)		Forenames Mr. Mrs. Miss	Time Available	NBTS 101/N (Rev. 1973) A.B.O. Group AB
(Née)			Date of Birth	Rh. Negative
Address			Birth Place	
Telephone No.		Postal Code		
Civilian Occupation	Firm's Name	Address		
Telephone No.				
Medical History*				
<p><small>*Donors must be asked whether they have ever suffered from the following conditions: <i>Adenitis, Anaemia, Brucellosis (Undulant Fever), Cancer, Diabetes, Epilepsy, Gout, Heart Disease, High Blood Pressure, Jaundice, Kidney Disease, Stroke, Tuberculosis, Tropical Diseases (esp. Malaria).</i></small></p>				
			Signature.....	

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