



City of  
Hope

# Blood Donor Center

COH STAFF

Date Received: \_\_\_\_\_

Initials: \_\_\_\_\_

## FAMILY AND FRIENDS DONOR LIST

Patient's Name	Medical Record #	Patient's ABO type

*Please complete and Fax to Jennifer Zuniga at (626) 218-8641 or email to [jzuniga@coh.org](mailto:jzuniga@coh.org)*

#	Donor's Name/Email Address	Relationship	Home Phone #	Work Phone #	Donor's ABO type
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					