



Utah's Blood  
Donor Center

## 2024 EMPLOYEE BLOOD AND PLATELET DONATION FORM

**PLEASE PRINT** – Form must be legible and submitted on the day of donation.

NAME: \_\_\_\_\_

ARUP ID: \_\_\_\_\_ DOB: \_\_\_\_\_

EMAIL: \_\_\_\_\_@aruplab.com

If you donate *whole blood*, are you interested in donating Platelets in the future? \_\_\_\_\_ YES

Do you have a friend/family member who would like to donate too? \_\_\_\_\_ YES

TYPE OF DONATION TODAY \_\_\_\_\_ Whole Blood or \_\_\_\_\_ Platelets

DONATION DATE: \_\_\_\_\_ DONATION TIME: \_\_\_\_\_

**I certify that I am donating *off-the-clock*. Salaried employees will be rewarded PTO if they are donating outside of normal-shift hours.**

\_\_\_\_\_  
Signature