

# BLOOD DRIVE RECOGNITION

## VERIFICATION FORM

### Instructions

Please indicate below the results from your blood drive and include a signature from a representative at the participating blood center confirming the data. This form must be included with the information uploaded on the data portal at [AmericasBlood.org/HOSA](https://AmericasBlood.org/HOSA) for a drive to count toward recognition as part of this partnership.

### HOSA Information

State \_\_\_\_\_ School \_\_\_\_\_

Charter \_\_\_\_\_ Chapter Advisor \_\_\_\_\_

Chapter Advisor's Phone Number \_\_\_\_\_

Chapter Officer/Member Lead Name \_\_\_\_\_

### Blood Drive Data

Date of Drive \_\_\_\_\_ Location \_\_\_\_\_

Number of Donors \_\_\_\_\_ Units of Blood Collected \_\_\_\_\_

Name of Participating Blood Center \_\_\_\_\_

Signature from Blood Center \_\_\_\_\_

Your Name (Please Print) \_\_\_\_\_

Your Signature \_\_\_\_\_

Date of Signature (MM/DD/YY) \_\_\_\_\_

**Please upload this form along with your data at [AmericasBlood.org/HOSA](https://AmericasBlood.org/HOSA)**

