

QUESTIONNAIRE FOR DONORS OF BLOOD AND BLOOD COMPONENTS

Every time before donating blood or blood components, the donor must complete (update, supplement) this questionnaire. Should you have any questions or uncertainties, please contact the doctor of the Blood Center.

Donor's first name, surname _____

Yes No

- 1. Are you feeling good?
2. Have you experienced any of the following unexpectedly, without any clear reason, over the past two years:
- reduced weight?
- fever?
- laxity?
- skin, mucous membrane, lip rash?
- enlarged lymph nodes?
3. Have you been taking any medicine, have you been vaccinated or have you paid a visit to a dentist during the last month?
4. Have you read about and are you aware of AIDS, hepatitis and safe sex, and that the partner may get hepatitis even if he/she has never had jaundice?
5. Have you had during the past 12 months any sexual intercourse with the partner, who:
- has been infected with the Human Immunodeficiency Virus or hepatitis viruses?
- has taken injective drugs?
- receives payment (especially in money or drugs) for sexual intercourse?
- has haemophilia?
6. Have you ever taken any narcotic drugs, in particular injective drugs?
7. Have you ever had any sexual intercourse for money or drugs?
8. Question for men:
- have you ever had any sexual relations with other men?
9. Question for women:
- do you think that your sexual partner could have any sexual relations with other men as well?
10. Over the past 12 months, have you:
- undergone any medical check-up or an operation?
- had your ears pierced, had a tattoo done or have you undergone any acupuncture treatment?
- had any blood transfusion?
11. Question for women:
- are you (have you been over the past 12 months) pregnant?
12. Do you have any relatives who have Creutzfeldt-Jakob (CJD) disease?
13. Have you been treated with any preparations made from human or animal organs?
14. Have you been held in custody or in any penal institution over the past 12 months?
15. Have you had any contact with persons infected with the Human Immunodeficiency Virus or hepatitis viruses (in family, at work or among friends)?
16. Where were you born?
17. Have you ever lived abroad? Where and how long?
18. Have you ever travelled abroad? Where and how long?
19. Have you ever had:
- jaundice, malaria, tuberculosis, rheumatic fever?
- heart and vascular diseases, heightened blood pressure?
- allergy, asthma?
- neural diseases, have you ever had convulsions or consciousness disorders?
- chronic diseases (diabetes, malicious diseases, ulcer)?
- blood diseases?
- sexually transmitted diseases?
20. Do you have a risky job?
21. Have you ever refused to give blood donation or its components?
22. Have you ever been rejected for your blood donation or its components?
23. What would you like to donate:
- blood?
- plasma?
- thrombocytes?
- red blood cells?
- two units of red blood cells?

Hereby I confirm that I have read and understood the presented educational material and that I have had an opportunity to ask questions and have received appropriate answers to all of the questions asked; and on the basis of the presented information, I agree to continue the process of donating blood or its components. I ensure that all the information provided above is correct to the best of my knowledge.

Signature, date

The Doctor of the Blood Center

Signature, date

BLOOD DONATION CONSENT / REFUSAL

With your consent, standard amount of blood (450 ml) will be drawn from you.

With respect to infections, the procedure is safe as only disposable tools are used.

The number of red blood cells restores after 60 days, therefore you will be able to donate blood after 2 months. The blood should be donated after adequate rest and sleep. It is not recommended to donate blood after night work. Causes of many reactions are psychological (fear, needle phobia, pain at needle site in case of unsuccessful vein puncture). The vein puncture site should be covered with a bandage for at least 2 hours after blood donation. Donor should rest for 15–20 minutes after the procedure.

Although the blood donation procedure is safe, the following **adverse reactions** (side effects) are possible:

- discomfort or bruising at needle site;
- general weakness, dizziness, mild nausea, palpitation;
- moderate and severe reactions (unconsciousness, fainting);
- in case of any of above symptoms, immediately inform the staff member, who performs the procedure, to get the necessary medical help.

I, _____
(donor's name, surname)

confirm that the physician answered all my questions and I was fully and clearly informed about:

- blood collection procedure, its aims and course;
- possible adverse reaction during the procedure or after it.

I understood information given by the physician properly and I c o n f i r m that I am aware of Nacionalinis kraujo centras VŠ internal regulations for donors and

consent/refuse

(delete as applicable)

on my own will to donate blood and to all necessary measures in case of extraordinary circumstances or adverse reactions.

I understand that my personal data is required and is necessary for the blood and its components preparation in “Nacionalinis kraujo centras VŠ”, therefore I a g r e e that my following personal data: name, surname, personal code (including that which changed), gender, date of birth, nationality, actual and declared place of residence, phone number, mobile phone number (s), e-mail, picture and other demographic data, donations data, previous donation rejections, blood testing results, comments, medical questionnaires, history of medical tests, blood separation into its components and data related to the further supply of it, also other data from information system which will be processed by the public institution “Nacionalinis kraujo centras VŠ”, by using the information system eProgesa. I agree that my personal data will be provided to the Register of Blood Donation.

Donor's signature _____, date _____.

Physician's name, surname, signature _____, date _____.