

Questionnaire for Donors of Blood, Plasma and Blood Cells

First and family name: weight : high:
 Date of birth:telephone:.....e-mail.....
 Address: male : female :

Dear Donor,

Thank you very much for your generosity in donating blood, plasma or blood cells.

Prior to the donation, your blood count, blood pressure and if necessary also body temperature will be checked. Your general physical condition will be examined.

After the donation, your blood group will be identified and the following tests will be performed: hepatitis B surface antigen (HBsAg), antibodies to hepatitis B virus (anti-HBc), DNA HBV, antibodies to hepatitis C virus (anti-HCV), RNA HCV, antigen p24 and antibodies to AIDS/HIV (anti-HIV), RNA HIV and antibodies to syphilis. You will be notified of the results of these tests only in the case that your eligibility to donate has been affected or if any additional examination might be necessary.

All the tests and examinations are performed in order to prevent a transmission of infectious diseases from the donor to the recipient via blood. In some cases, particularly in the case of most recent infections, the results of laboratory tests may still be negative, and the infection could have already been transmitted from the donor to the recipient. Therefore, it is imperative that you answer each of the following questions truly and accurately. In doubt, please consult a physician from this department. By concealing any information, you may expose a recipient of blood transfusion to a serious infection risk.

The tests do not serve to verify your health condition. For this purpose, please do contact public health authorities.

Please give true answers when filling in the questionnaire, which is a compulsory part of screening before blood donation as stipulated by the Regulation of the Ministry of Health of the Slovak Republic No. 158/2015 Z.z. on the requirements and proper procedures for the preparation of transfusion medication.

Circle the correct answers!

Have you ever donated blood, plasma or blood cells in the past?	yes	no
Have you ever been excluded from blood donation as ineligible?	yes	no
<i>Health History:</i>		
Are you in good health?	yes	no
Is your weight over 50 kg?	yes	no
Have you been treated by a dentist or dental hygienist in <u>the past 72 hours</u> ?	yes	no
Have you been using any medication in <u>the past month</u> ? Which medication?	yes	no
Have you suffered from fever over 38°C, herpes, diarrhea, sucked in tick, animal bite in <u>the past month</u> ?	yes	no
Have you been vaccinated in <u>the past month</u> ?	yes	no
Have you ever suffered or are you currently suffering from:		
• infectious disease such as: tuberculosis, boreliosis, toxoplasmosis, brucellosis, infectious mononucleosis, listeriosis, tularemia, babesiosis, Q-fever?	yes	no
• tropical disease: malaria, leishmaniasis, Chagas disease (trypanosomiasis)?	yes	no
• rheumatic disorders, rheumatic fever or autoimmune disease?	yes	no
• heart disease, high or low blood pressure?	yes	no
• chronic lung or bronchi disease, asthma, allergy, hay fever/pollinosis?	yes	no
• kidney disease?	yes	no
• blood disease, bleeding/hemorrhage symptoms?	yes	no
• nervous system disease, epilepsy?	yes	no
• metabolism disorders (for ex. diabetes) or endocrine disease (for ex. thyroid gland disease)?	yes	no
• skin diseases (eczema, psoriasis)?	yes	no
• digestive system, liver or pancreas disease?	yes	no
• tumor disease?	yes	no
• sexually transmissible disease?	yes	no
Have you experienced an inexplicable weight loss, raised temperature, sweating, behavioral changes, enlarged lymphatic nodes in <u>the past twelve months</u> ?	yes	no
Have you been treated for acne by isotretinoine (Roaccutane ^R , Accutane ^R), for prostate by finasteride or dutasterid (Proscar ^R , Avodart ^R , Duodart ^R), and for baldness (Propecia ^R) in <u>the past three months</u> ?	yes	no
Have you been treated by acitretin (Neotigason ^R) or etretinate (Tegison ^R) in <u>the past three years</u> ?	yes	no

Risk Factors Questions:

In <u>the past six months</u> have you had - any operation, medical examination or treatment, endoscopy , arterial catheterization? - any tattooing, piercing, ear-ring application, acupuncture, permanent make – up ? - any injury during which the wound or mucous membrane was in contact with another person’s blood, or any accidental stick of a used needle?	yes yes yes	no no no
Have you ever received a blood component transfusion? If yes, when?.....where?.....	yes	no
Have you ever received human or animal tissue or organ transplant (e.g. corneal transplantation, dura mater graft....)?	yes	no
Have you ever undergone brain or spinal cord surgery ? Have you had any information about Creutzfeldt-Jacob disease or about another spongiform encephalopathy in your family? Have you ever been treated with a products prepared from hypophysis (e.g. growth hormone)?	yes yes yes	no no no
Did you spend the time <u>in excess of six months</u> in the United Kingdom/Ireland <u>during 1980–1996?</u>	yes	no
Have you been out of Slovak Republic in <u>the past six months?</u>	yes	no
Were you born or have you ever lived more than 6 month out of Europe? If yes, where?.....Since when do you live in Europe?.....	yes	no
Have you been in contact with any person suffering from hepatitis or another infectious disease in <u>the past six months, ?</u>	yes	no
Have you had a sexual intercourse with new partner in <u>the past three months?</u>	yes	no
Have you or your sexual partner ever been in any of the following risk situations: - positive test for the HIV or hepatitis (jaundice)? - use of drugs or anabolic hormones? - payment for sex or performing sex for money or drugs?	yes yes yes	no no no
Do you have a risky occupation/hobbies? (professional driver, diver, worker in the height)?	yes	no

Male Donors:

Have you had a sexual intercourse with a man in <u>the past twelve months?</u>	yes	no
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Female Donors:

Have you been <u>pregnant or breast feeding in the past six months?</u>	yes	no
Have you been treated with hormonal injection for sterility before 1986 ?	yes	no

Declaration

I declare that I have read the above questions and answered them all truthfully.

I am aware that by knowingly concealing any information, I may cause health problems or death to another person and I may be prosecuted under the Criminal Code of the Slovak Republic.

I have been informed of the possibility to exclude myself from donation, and I will do it if necessary.

I consider myself to be a suitable blood donor, whose blood will not jeopardize the recipient’s health.

In case any symptoms of an infectious disease appear after blood my donation, I shall inform the blood transfusion center.

I declare that I am willing to donate my blood (plasma, blood cells) on my own will and free of charge, agreeing that the blood may be used for medical purposes. I declare that I have been clearly informed of the purpose, nature and risks of the examinations I shall undergo as a donor of blood / blood component and I agree to them to be performed.

Basic information concerning the protection of personal data (data protection policy)

Your personal data listed in this questionnaire is processed in information systems operated by the National Transfusion Service of the Slovak Republic, Dumbierska 3 / L, 831 01 Bratislava, Slovak Republic, Company ID 30853915 ("NTS SR"), for the following purposes: (a) to ensure the quality, safety and efficiency of transfusion medicine, (b) to ensure the quality and safety of blood and blood components (c) to manage the register of donors of blood and blood components.

By signing this questionnaire you confirm that when you handed this questionnaire over to a competent employee of NTS SR, you were provided with information about the protection of your personal data in the information systems of NTS SR, and you were given the opportunity to get acquainted with additional information concerning the personal data protection policy in the written form either (a) located on the notice board in the donor area of NTS SR in the case you handed over the questionnaire at the blood collection center of NTS SR, or (b) on request, provided by the employee of the mobile site of NTS SR in the case you handed over the questionnaire at a mobile blood collection site.

You have the right to access your personal data, to correct it, as well as the right to limit its processing as outlined in the extended data protection policy.

Further information on the processing of personal data in the NTS SR information systems is also available on the NTS SR website: www.ntssr.sk/zasadnyochranyudajov. In case of confusion or questions regarding the protection of your personal data, you can contact the NTS SR by e-mail: osobne.udaje@ntssr.sk.

In:..... Date :

Donor’s signature :

Information for Donors

Please read the following information carefully.

Prior to the donation:

Consume light meals the day before donation, drink at least 0,5 l of a non-alcoholic beverage and have a light breakfast (bread, jam, honey, fruit, vegetable), avoid dairy products, smoked meats and the like. You should not come after physical or psychological effort or strain. Blood donation is not recommended during, immediately before or after menstruation.

Donation procedure:

1. filling-in of the Questionnaire for Donors of Blood, Plasma and Blood Cells
2. registration of the donor
3. taking a blood sample for testing (blood count, hemoglobin, blood group)
4. physical examination
5. donation (duration approx. 7-10 min., volume of blood taken: 400-500 ml)

No donor can be infected during the blood or blood component (plasma and blood cells) donation. Only disposable materials are used for blood and blood component collection.

Blood donor (according to directives of the EU) must be in good health condition, age from 18 to 60 years, weight minimum 50 kg.

Permanently excluded from blood donation is anyone:

1. who is AIDS (HIV), hepatitis B, hepatitis C, syphilis positive,
2. who has ever used intravenous or intramuscular drugs,
3. who changes sexual partners in a promiscuous way,
4. who gets paid or pays for sexual services,
5. who uses medically not-indicated anabolic steroids or hormones,
6. who has a history of coagulation disorders (e.g. hemophilia) treated by blood preparations/medications.

Temporarily deferred from blood donation is anyone:

7. who has visited regions with endemic malaria or Chagas disease in the past six months,
8. who has had a history of gonorrhea or another sexually transmitted disease in the past twelve months,
9. who has visited, in the past twelve months, a region with a high incidence of AIDS,
10. who has visited a region in which bloodborne disease occurred in the endemic range (e.g. bird flu, Dengue, Chikungunya, West Nile Virus infection) in the past month,
11. whose sexual behavior may expose him/her to a risk of contracting serious blood borne disease (sexual intercourse in the past twelve months with a person meeting the criteria shown in 1 – 6 above),
12. who has a history of surgical or other treatments (operation, endoscopy, arterial catheterization, blood transfusion, tattooing, piercing, ear-rings application, acupuncture) in the past six months,
13. who suffers from an allergy (if symptomatic) or certain other health problems,
14. who has been/is on a certain medication.

After the donation you are advised to make up for the loss of the body liquids and to take a snack. Avoid any strenuous physical or psychological activity in the following twelve hours. Driving immediately after donation is strictly to be avoided, and you should drive very carefully also at some later time.

Possible post-donation complications:

In about 1-3 % of donations, some complications such as hematomas (bruises) or temporary weakness, dizziness or sickness can occur.

You are encouraged to ask any questions concerning blood and blood components donation. A medical doctor from our blood transfusion establishment will be pleased to answer.

Thank you for your cooperation.

National Transfusion Service staff

Údaje pre personál k odberu

Štítok s kódom/čísлом odberu :

Záznam laboranta:

AB0 orientačne		RhD orientačne*		Hb	g/l
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* pozit / negat

Zodpovedná osoba :

Záznam lekára:

Typ odberu: Celá krv Trombocytaferéza Plazmaferéza F K

Kombinovaná aferéza Erytrocytaferéza Granulocytoferéza

TK	mmHg	Typ vaku/setu**	
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** nepovinný údaj

Záver : schopný odberu neschopný odberu

Poznámka..... Zodpovedná osoba :

Informovaný súhlas darcu:

In accordance with Art. 6 of Act no. 576/2004 Coll. on Health Care, Services Related to the Provision of Health Care and on Amendments to Certain Acts, as amended, I hereby confirm by my signature that I have been clearly instructed by the attended physician on the nature and risks of blood / blood component collection, possible complications and their treatment, and I understand this instruction and, at my own discretion, I agree to blood / blood component collection.

Podpis darcu krvi:

Záznam o priebehu odberu:

doba odberu:

CK: do 10 min.

10 min. až 15 min.

nad 15 min.

Aferéza: od.....do.....

odobraté množstvo:

 ml

Komplikácie:

Zodpovedná osoba :

Záznam po odbere:

Cestovné:

€

Stravný lístok:

Podpis darcu krvi:

Zodpovedná osoba :