IMA **bloodbank** of Uttarakhand
We Help Save Lives

Blood Donor Questionnaire & Consent Form

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CONFIDENTIAL

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() Tick wherever applicable, cross(x) wherever not applicable
Please answer the following questions correctly. This will help to protect you and the patient who receives your blood

Voluntary ☐	New ☐ Repeat With IMA Blood Bank ☐
Whole Blood	Apheresis

Donor ID(If Repeat): ☐☐☐☐☐☐☐☐

PERSONAL DETAILS

Name(Capital)_____ Male___Female_____ Age_____ DOB_____

Occupation: _____ Father's / Husband's Name _____

Address for communication:_____

Permanent Address: _____

Tel : _____ Mobile No: _____ Email _____

Patient 's Name:_____ UHID / IPID _____Relationship with patient _____

Have you donated blood previously Yes No If , how many times _____Date of last blood donation_____

- Have you donated blood within 3 month (for male) or 4 months (for female) or SDP within 48 hours? ☐Yes ☐No
- Did you experience any ailment, difficulty or discomfort during previous donations? ☐Yes ☐No
- If yes. What was the difficulty(s) _____
- Do you feel well today? ☐Yes ☐No
- Did you have something to eat in the last 4 hours? ☐Yes ☐No
- Did you sleep well last night? ☐Yes ☐No
- Have you been refused as a blood donor, or told not to donate?
- Will you drive public transport, heavy duty vehicles, Piloting , sky diving , deep sea diving , mountaineering or work with machinery after blood donation. ☐Yes ☐No
- Do you have any reason to believe that you may be infected by Hepatitis / Malaria / HIV/AIDS / venereal disease? ☐Yes ☐No
- Are you suffering from from Common cold , Cough , Sinusitis, Fever? ☐Yes ☐No
- Have you taken antibiotics in last 14 days? ☐Yes ☐No
- Have you read the educational material and had your questions answered? ☐Yes ☐No
- Have you taken alcohol in the past 24 days? ☐Yes ☐No
- Do you suffer from migraine frequently: ☐Yes ☐No (if yes, is it less than I/Week) ☐Yes ☐No
- Are you taking or have taken any of these in the past 72hours?
  ☐Aspirin ☐Steroids ☐Other Medicine (Pl. specify _____) ☐None of these
- In the last 2 weeks have you been vaccinated/ immunized for any of the following:
  ☐Diphtheria ☐Tetanus ☐Rabies Prophylaxis ☐Plague ☐Polio injectable ☐Hepatitis B Vaccine
  ☐Papilloma Virus ☐Meningococcal ☐Pneumococcal ☐Pertussis ☐Typhoid ☐Cholera ☐None of these
- In the last 2 weeks did you suffered from any of the following diseases:
  ☐Chicken Pox ☐Measles ☐Mumps ☐Diarrhea ☐Cystitis /Urinary tract infection ☐Diarrhea
- In the last 4 weeks have you taken any of the following vaccine/ serum?
  ☐Live attenuated vaccines like Polio☐ Measles☐, Mumps☐. Yellow fever, Japanese encephalitis, Influenza, Typhoid, Cholera, Hepatitis A. ☐Anti – tetanus serum ☐Anti –venom serum ☐Anti -diphtheria serum ☐Anti –gas gangrene serum ☐None of these
- IN the last 3 months have you had any history of Malaria ? ☐Yes ☐No
- In the last 4 months did you suffer from Zika / West Nile infection (s) or visited areas endemic for these infections? ☐Yes ☐No
- In the last 6 months have you had history of any of the following:
  ☐Unexplained weight loss ☐Repeated Diarrhea ☐Dengue / Chikungunya ☐Minor / Dental surgery (Tooth extraction)
  ☐ Accidental needle prick ☐Continuous Fever ☐Swollen glands ☐Peripheral stem cells ☐Acute Kidney Infection ☐None of these
- In the last 1 years have you had any history of following : ☐Yourself/Spouse/Partner had Hepatitis B/C &/or Blood Transfusion
  ☐Major Surgery ☐Typhoid ☐ Immunoglobulin & Hepatitis B Immunoglobulin ☐Rabies Vaccine following animal bite ☐Hepatitis A/E
  ☐Inmate of Jail or any other confinement ☐Bone or skin graft ☐ Organ/Tissue or bone morrow donation ☐GI endoscopy ☐Body piercing
  ☐Tattooing ☐None of these
- In the last 2 Years have you had any history of following ☐ Tuberculosis ☐ Osteomyelitis ☐None of these
- Do you suffer from or have suffered from any of the following discases?
  ☐Heart disease ☐Kindney Disease ☐Epilepsy ☐Cancer/Malignant Disease ☐Diabetes ☐Tuberculosis ☐Hepatitis B/C
  ☐Abnormal bleeding tendency ☐jaundice ☐Severe allergic disease ☐Convulsion ☐Thyroid/other endocrine disorder
  ☐Chronic liver disease/ liver failure ☐Asthma on Steroid ☐Lung disease ☐Leprosy ☐Sexually Transmitted Diseases
  ☐Psychiatric disorder ☐Kala -azar ☐Stomach Ulcer ☐Autoimmune disorder ☐Hemolytic Anemia
  ☐Recipient of organ/Stemcells transplantation ☐None of these
- Female Donors :
  Are you pregnant ☐Yes ☐No
  Have you had an abortion in the last 6 months ☐Yes ☐No
  Do you have a child less than one year old? ☐Yes ☐No
  Is your child breast-feeding? ☐Yes ☐No
  Are you having your periods today? ☐Yes ☐No

SELF EXCLUSON QUESTIONNAIRE

Risk Behaviour

(Please answer all questions honestly. Your answers will be confidential)

Do you practice safe sex?	☐Yes	☐No	☐NA
Are you HIV Positive or do you think you may be HIV Positive	☐Yes	☐No	☐None of these
Is your reason for donating blood to undergo an HIV test?	☐Yes	☐No	
IN THE PAST 6 MONTHS-			
Have you had sexual activity by paying money or vise versa?	☐Yes	☐No	
Have you had multiple sex partners ?	☐Yes	☐No	
Victim of sexual assault?	☐Yes	☐No	
Sex with someone whose background you do not know?	☐Yes	☐No	☐None of these
IN PAST 12MONTHS			
Have you suffered from sexually Transmitted disease?	☐Yes	☐No	
Have you ever injected yourself with drugs not prescribed by doctor ?	☐Yes	☐No	
Do you think any of the above questions may be true for your sex partner?	☐Yes	☐No	☐None of these
Do you consider your blood safe for transfusion to a patient?	☐Yes	☐No	

Note: If you are in doubt as to whether or not you should donate blood, please discuss with the staff member. Alternatively you may leave the Blood bank without any obligation or you may inform us within 6 hours after donation not to use the blood in case you think your blood might not be safe **IMPORTANT :** Don't donate blood if you may have been exposed to HIV / Hepatitis B & C

Danger : The window period -It refers to the time from when a person is first infected till the person tests positive. During the window period laboratory tests are negative but the person is still capable of infecting others. Help Keep the blood supply as safe as possible by looking HONESTLY at your lifestyle& answering the questions truthfully

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INFORMED CONSENT I have read and understood the information in the donor form and education material

I confirm, that to my knowledge, I have answered all the questions accurately and truthfully and do not consider myself to be a person involved any of the described activities that could place me at the risk of spreading HIV or Hepatitis I understand that any willful misrepresentation of the facts could endanger the patients receiving my blood.

I am aware that my blood will be screened for HIV, Hepatitis B, Hepatitis C, Malaria & Syphilis in addition to any other screen required in case of positive results and that for any positive results I May ☐ May Not ☐ be contacted. I understand that my blood will be utilized in accordance with regulatory guidelines including NBTC and drug and cosmetic act and regulations pertaining to it or its future replacements.

I understand the blood donation procedure and possible risks (vaso- vagal reaction, Hematoma . etc) involved as explained. I confirm that I am over the age of 18 years. I understand that blood donation is totally voluntary act and no inducement or remuneration in cash or kind has been offered to me.

I prohibit any personal details (excpt demographic details) provided by me or about my donation to be disclosed to any individual or agency except asked by government. I hereby declare that I am donating blood voluntarily without any pressure/ force / cohesion / threat /false misconception from the Blood Bank.

I hereby volunteer to donate my Blood /Blood components which may be used for patient/ Scientific research / fractionation (surplus plasma).

My donated blood/components may be utilized beyond this Blood Bank.

BLOOD DONOR INSURANCE POLICY

1. Policy applicable after 15 days of blood donation.
2. Donor who has donated blood voluntarily 1 to 4 times at IMA Blood Bank of Uttarakhand or at camp organized by IMA Blood Bank of Uttarakhand, would be able to avail as many units as donated, without any charge, for self and family members (Mother, Father, Husband/Wife, Child, Unmarried Brother and Sister) subject to documented proof. Each donated unit is insured under the policy for a period of one year. (Other Relatives and friends are not covered under the policy).
3. Donor who has donated blood voluntarily 5 times or more at IMA Blood Bank of Uttarakhand or at camp organized by IMA Blood Bank of Uttarakhand, would be able to avail one unit for each multiple of 5 donations, without any charge for any relative or friend. Each donated unit is insured under the policy for a period of two years, Point 2 is still applicable.
4. IMA Blood Bank of Uttarakhand would try to fulfill the entire commitments. However, this is subject to availability of components at that point of time. IMA Blood Bank of Uttarakhand also reserves the rights to modify these offers at any given time. The decisions of the Director Technical and Operation (DTO) are final in this regards.

	Donor	Interpreter (if applicable)	Counsellor /Doctor
Signature or Thumb Impression			

I am feeling fine after donating blood and resting for some time under observation. I am leaving at my own will after understanding post donation measures

Donor's Sign_____

Date & Time :-_____

FOR OFFICE USE ONLY (To be completed by staff members)

INITIAL SCREENING

Weight (kg)_____Pulse (per min)_____Hb (gm/dl)_____ #HCT (%) _____ #Plt. Count (10^3/µL)_____

BP (mmHg)_____Temperature_____Blood Group(optional)_____

Name of staff (screening the donor)_____ Sign_____Date_____Time_____

MEDICAL & SYSTEMIC EXAMINATION Accept Defer

Reason for deferral_____

Name of Medical Officer:_____Sign_____Date_____

PHLEBOTOMY

*Donor No_____*Type of Bag _____*Segment No_____Start Time_____End Time_____

Venipuncture Site (Right/ Left Arm)_____ In case Donation done by Second Prick, was Verbal Consent taken ☐

Name of Phlebotomist _____ Signature _____Visual Inspection_____

only for Apheresis