FEDERAL MINISTRY OF HEALTH

National Blood Service Commission (HQ)

NATIONAL BLOOD SERVICE COMMISSION

Collection site _____ NBSC CTR _____

Donor please complete this section

SURNAME

PREVIOUS SURNAME

FIRST NAME NATIONALITY

MIDDLE NAME DATE OF BIRTH MALE FEMALE

FORM OF IDENTIFICATION MARITAL STATUS Single Married Widow/ Widower Divorced

POSTAL ADDRESS (where you would like to receive you correspondence)

HOME ADDRESS

TELEPHONE CELL W H

EMPLOYER

PLACE OF BIRTH TRIBE STATE OF ORIGIN

How would you prefer to be reminded to donate blood? Letter Phone Cell E-mail

Have you donated blood before? Yes No Have you ever been refused blood Yes No

Have you ever donated at another service? Where When Number of previous donations

Are you a student? Yes No How did you learn about blood donation? Check the appropriate box(ex)

National Blood Trasnfusion Service A relative The Media Television Radio Newspaper Poster

Friends A blood donor Awareness Health Talk Meeting

For office use To be completed by a donor clinic staff

Donor Group/Clinic Date Donor is accepted Yes No

Donor Number Collection Start time Collection End Time Number of donations

Volume Donated Blood Group Heamoglobin Level Donor Weight

Phlebotomist Name Assistant Name Type of pack

Signature Signature Pulse BP

Signature

No record available Transfer Visitor Form

REMARKS DONOR STATUS

TO BE RETAINED BY DONOR

If after donating, you did not complete the questionnaire honestly or accurately, or you feel that your blood may be of risk to the person who received it, please contact the Professional Nurse or Medical Officer as soon as possible, preferably within 24 hours. Your donation will be with drawn from the blood supply.

UNIT NUMBER

(BAR CODE)

AFTER YOU GIVE BLOOD:

- Drink extra fluids for the few hours. If you feel dizzy, lie down.
- If the needle site starts to bleed apply pressure and raise arms. Apply pressure on the bleeding site until the bleeding stops.
- Do not do heavy exercise or strenuous sporting activities on the day of donation. Avoid smoking and consuming alcohol at least 2 hours after donation.

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30/11/18

The lives of patients who received your blood are totally dependent on your complete honestly and truthfulness in answering the following questions

Health Questionnaire		YES	NO
1.	Are you feeling well and in good health today?		
2.	In the last four hours, have you had a meal or snack?		
3.	In the past twelve months have you suffered from night sweats, unintentional weight loss, persistent fever, diarrhoea or swollen glands		
4.	Are you involved in a hadardous occupation, such as driving a public or heavy duty vehicle, flying an aero-plane, working on scaffolding, etc that might endanger you or anyone else if you become lightheaded or faint?		
5.	Have you:		
a.	In the past three days, taken aspirin or any other pain relieving medication?		
b.	Been receiving any medical treatment or taking any medication?		
c.	In the past three days, undergone any major dental procedures or tooth extractions?		
d.	In the past four weeks, have you experienced vomiting or diarrhoea?		
6.	Do you have high (or low) blood pressure?		
7.	Have you ever had:		
a.	Rheumatic fever, chest pain or heart diseases?		
b.	Lung disease, tuberculosis or asthma?		
c.	Cancer, a blood disease, an abnormal bleeding disorder or a bleeding gastric or duodenal ulcer?		
d.	Diabetes, kidney disease, epilepsy		
8.	Have you:		
a.	Ever had yellow jaundice, hepatitis, or liver disease, (excluding jaundice at birth)?		
b.	In the past 12 months, been in close contact with a person with Hepatitis?		
9.	Have you ever:		
a.	Been treated for pimples with drugs such as Roaccutane, Tigason, Pros car or Propecia?		
b.	Had injections or human pituitary growth hormone pituitary gonadotropins (fertility medicines), or seen a neurosurgeon or neurologist?		
c.	Received a tissue or organ transplant, e.g. Corneo, dura mater, kidney, liver, bone marrow?		
10.	In the past 12 months, have you been tattooed, had ear/body piercing, permanent makeup, acupuncture or scarification. Have you participated in "bloodsharing" blood-letting or ritual practices? Have you suffered a stab wound or had an accidental needle stick injury (health care workers)?		
11.	In the past 12 months, have you or your sex partner received a blood transfusion or treatment with a human/animal blood product, including clothing factors or hepatitis B immune globulin?		
12.	Have you or your close relatives had an unexplained brain condition or been diagnosed with a condition called Cruelzfeld-jakob Disease (human form of mac cow disease)?		
13.	Have you:		
a.	In the last tw weeks, have you had a malaria attack?		
b.	If yes, what treatment did you receive?		
14.	**FEMALE DONORS** (If you are menstruating, it is advisable not to donate on the first or second day)		
a.	In the past six months, had a baby or a miscarriage		
b.	Breastfeeding or pregnant?		

		YES	NO
1.	In the past six month have you had more than one sec partner, engaged in casual sex or had sex with someone whose sexual background you don't know?		
2.	In the past five years, have you had male to male sex?		
3.	In the past five years, have you had sex with a Male or female prostitute (escort or sex worker) or exchanged money, drugs, goods, or favours in return for sex?		
4.	In the past five years, have you had sex a sexually transmitted disease (STD) e.g. Syphilis, gonorhea, genital herpes, genital ulcer, "VD", Drop"?		
5.	Are you HIV Positive?		
6.	In the past twelve months, have you had accidental exposure to blood or body fluids or been the victim of sexual assault?		
7.	Have you ever injected yourself, or been injected with any drug or substance including steroids, not prescribed by a doctor?		
8.	To your knowledge, do any of the above apply to your sex partner?		
9.	Have you come to donate blood just to be tested for HIV/AIDS?		

Declaration

I have read and understood the information in the pamphlet "Are You Giving Blood For The Right Reasons?" I do not consider myself to be a person at risk of spreading HIV. Should any of the tests be positive, I confirm that I have answered all the questions truthfully and donating my blood on the understanding that it will be transfused to a patient. I accept that my blood may be used at the discretion of the service, for transfusion to save lives, for scientific research, the main objective to patients. I understand that any willful misrepresentation of the facts could endanger the patient and others, an lead to legal proceedings.

I consider my blood safe to give a patient	YES	NO
Signed		
Date	Time	
Counsellor's Name & Signature		

On behalf of all the patients who will be receiving you blood, we are thank you for truthfully answering all the questions about Health & Risk Behaviour

TO BE RETAINED BY DONOR

DO NOT DONATE BLOOD IF YOU THINK YOU MAY HAVE HIV/AIDS. DO NOT DONATE BLOOD TO HAVE AN HIV TEST

The HIV/AIDS test will identify donors who have a well established infection, but may not detect HIV in the first few months after infection. During this stage, known as the window period", an infected donor's blood will infect the patient who receives that blood, even though the HIV test is negative.

Should any of the test results be positive, the donor will be informed of an initial reactive result by preferred mode of communication to the address provided and advice to undergo further tests through his/her own doctor or clinic. Person donating blood and undergoing the HIV/AIDS test must be aware that, should the test be positive this may have a psychological impact and may profoundly influence their lifestyle. Result of the HIV test will be treated confidentially by the blood transfusion service.

FOR MORE INFORMATION ON VOLUNTARY NON RENUMERATED BLOOD DONATION PHONE: 07088370904
Website: www.nbsc.gov.ng