

**LB.33 The blood bank has a process for identifying and delivering pre-donation education to prospective blood donors.**

LB.33.1 There are policies and procedures to ensure proper donor identification through:

LB.33.1.1 Definition of acceptable form(s) of identification (Saudi national I.D/Iqama).

LB.33.1.2 Linking the donor identification information to existing donor history (records) on each donor encounter.

LB.33.2 The policies and procedures ensure that donors receive appropriate information/education materials, including:

LB.33.2.1 Educational materials regarding the donation process.

LB.33.2.2 Educational materials regarding infectious diseases transmitted by blood transfusion.

LB.33.2.3 Importance of providing accurate information.

LB.33.2.4 Importance of withdrawing themselves from the donation process if they believe that their blood is not suitable for transfusion.

LB.33.2.5 Donors acknowledge that the educational materials have been read and understood.

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**Standard Intent:**

The blood donor should provide an acceptable form of identification, and each donor must be properly identified by the collection staff before each donation. Accurate donation records are essential to link a repeat donor to existing records and to prevent collection from a donor who is not currently qualified, as well as to ensure that the donor can be contacted in the following the donation and informed of test results or other relevant information, if necessary. If the interview and/or the screening findings constitute deferring the donor temporarily or permanently, the donor still need to be registered and formally notified.

?Blood banks must provide all prospective blood donors with educational materials and give the donors an opportunity to ask questions. The prospective donor should be informed about possible risks of whole blood and apheresis procedure and the infectious disease tests that will be performed on his or her donation and the limitations of the tests to detect early infections (testing may not detect all infected persons). Moreover, the donor must be aware of the behavioral risk factors for transmission of blood-borne pathogens, and of the importance of refraining from blood donation if they are at an increased risk of being infected. The donor screening questions must provide an opportunity to obtain an accurate and truthful history of possible infectious exposure to enable the prospective donors of giving informed consent and an accurate health history.

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