

Whole Blood Donor Application Form

Information, Registration Informed consent form from Blood donation

- Any person between 18-65 yrs age and over 45 kg weight can donate blood once in three months.
 - Different blood components will be prepared from the blood donated in order to benefit two or more patients.
 - Rarely, giddiness, Pain & bruise on the arm, etc. can occur, which will be attended to by the doctor or nurse.
- Please read the "Potential Post donation Reactions & Advice" given to you.

First Name	<input type="text" value="Sagar"/>	Date of Birth	<input type="text" value="02/12/1985"/>
Surname	<input type="text" value="Joshi"/>	Age	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Mother's Name	<input type="text"/>	Address	<input type="text"/>
Address	<input type="text" value="Haviva Harper"/>	Mobile	<input type="text" value="9813765789"/>
Residence	<input type="text"/>	Tel (Res)	<input type="text"/>
Office	<input type="text"/>	Tel (Off)	<input type="text"/>
Email	<input type="text" value="hysaboz@mailinator.com"/>	Designation	<input type="text"/>

Have you donated blood before? ☐ Yes ☐ No If so, How many times? When did you last donate?

Did you have discomfort or post donation reaction during previous blood donation? ☐ Yes ☐ No

Please answer the following questions honestly as this may affect your health or harm the patient.

S.No.	Listed below are some conditions when you should not donate blood. Please tick as applicable and consult the medical officer if you have any doubts	Y/N												
1.	Do you have or have ever had any of the following? <table border="0"> <tr> <td>Abnormal bleeding or blood disorders</td> <td>Polycythemia vera</td> </tr> <tr> <td>Heart, kidney, Lung or Liver disorders</td> <td>Cancer</td> </tr> <tr> <td>Epilepsy, Mental disorders</td> <td>Insulin Dependent diabetes</td> </tr> <tr> <td>Tuberculosis or Leprosy</td> <td>Uncontrolled High Blood Pressure</td> </tr> <tr> <td>Thyroid or other endocrine disorders</td> <td>Fainting spells</td> </tr> <tr> <td>Allergic Disorders</td> <td></td> </tr> </table>	Abnormal bleeding or blood disorders	Polycythemia vera	Heart, kidney, Lung or Liver disorders	Cancer	Epilepsy, Mental disorders	Insulin Dependent diabetes	Tuberculosis or Leprosy	Uncontrolled High Blood Pressure	Thyroid or other endocrine disorders	Fainting spells	Allergic Disorders		
Abnormal bleeding or blood disorders	Polycythemia vera													
Heart, kidney, Lung or Liver disorders	Cancer													
Epilepsy, Mental disorders	Insulin Dependent diabetes													
Tuberculosis or Leprosy	Uncontrolled High Blood Pressure													
Thyroid or other endocrine disorders	Fainting spells													
Allergic Disorders														
2.	Have you ever had any of the following risk factors for HIV/AIDS, STDs or Hepatitis? Had sex in exchange for money or drugs Intravenous Drug Abuse Tested positive for HUV, STDs or Hepatitis B or C Had sex with a person who has any of the above risk factors													
3.	Have you had any of the following in the last year? Surgery Blood transfusion or Immunoglobulin injection Dog bite or Rabies Vaccination Typhoid													
4.	Have you had any of the following in the last six months? Having sex (vaginal, anal or oral), with more than one person, without using condom Tattooing or body piercing, swollen Lymph glands, Unexplained weight loss or continuous low-grade fever													
5.	Have you had any of the following in the last 3 months? Malaria Dental Extraction, Root canal treatment Minor Surgery													
6.	Have you ever had Jaundice or close contact with anyone who had jaundice?													
7.	Were you ever advised not to donate blood by your doctor?													
8.	Have you had Aspirin or drugs containing aspirin in the last 3 days?													

9.	Are you taking antibiotics or any other medicine now?	
10.	Are you well today?	
11.	Have you eaten in the last 4 hours?	
12.	Do you have any doubts to be clarified by the Medical Officer?	
13.	For female donors: Are you pregnant? Have you had an abortion in the last six months? Do you have a child less than one year old? Are you breast feeding? Do you have your periods now?	
14.	Phlebotomy site free from skin diseases, punctures and scars	

Signature of Counselor / MO	Date:
-----------------------------	-------

We will inform donors when any of these laboratory tests are reactive. If reactive, you can initiate treatment without delay. You can take preventive measures like Hepatitis b vaccination for family members.

Medical Examination & Blood Collection (for staff use)						
Donor Type	Blood Group	Wt in Kg	Hb	Temp. °C	Name & Signature of Technician (Date & Time)	
V/R/D						
Pulse/min:		BP:	mm/Hg			
Donor is in good physical & mental health & fit to donate blood Y/N.					Blood Bank Incharge	Date & Time
Bag Type: S/D/T/Q		Tube ID	Collection time < 10min	Time of Collection	Signature of Phlebotomist	
<input type="checkbox"/> 350ml <input type="checkbox"/> 400ml <input type="checkbox"/> 450ml			Y/N			

INFORMED CONSENT FOR BLOOD DONATION

DONOR'S NAME		DONOR ID. NO.	
ADDRESS			
GENDER		AGE	
		BLOOD GROUP	
<p>I understand the following and give my consent for the same.</p> <p>a. Blood Donation is totally voluntary act and no inducement or remuneration has been offered.</p> <p>b. Donation of blood/Component is a medical procedure with associated potential risks.</p> <p>c. My blood will be tested for HIV, Hepatitis B and Hepatitis C, Syphilis and Malaria in addition to any other screening tests required to ensure blood safety.</p> <p>d. My blood is separated into components-red cells, platelets, plasma and issued to patients as well as other blood banks if necessary.</p>			
I volunteer to donate blood for Apheresis Procedure.		Yes	No
I volunteer to register as Stem Cell Donor (Information will be given at registration/reception counter).		Yes	No
I volunteer to donate blood for Apheresis Procedure.		Yes	No
If yes, how? <input type="checkbox"/> Mobile <input type="checkbox"/> SMS <input type="checkbox"/> Tel. Res. <input type="checkbox"/> Tel off. <input type="checkbox"/> Email Post			
I submit that I/my relatives have been explained about the above mentioned procedure in the language I understand.			
Upon understanding such, I/Mr/Mrs/Ms.....Age....., do hereby give permission to blood bank of Nepal Medicit to perform blood donation process on me.			
Signature and name of the donor giving consent.		Date/Time	
Signature and name of the witness.		Date/Time	
Signature and name of the person taking the consent.		Date/Time	

Note: The right of decision to withdraw or go for the blood donation solely rests upon the donor. Blood bank has no intention to put undue pressure and coercion on donor or the donor party or his/her legal representative for refusing or taking the blood donation option explained thereby.

Digital Partner



Donate Blood, Save a Life