

RIYADH REGIONAL BLOOD BANK

Donor History Questionnaire (DHQ)

Name: Nationality: Age:
I.D. Number: Date of Issue:/...../..... Place:
Address: Mobile No.: Other No:
Donor Type: ☐ (Voluntary) ☐ (Replacement) Patient Name: File No.:

Weight	Hgb	Temp.	Pulse	BP	General Appearance OK? <input type="checkbox"/> Yes <input type="checkbox"/> No Arm Inspection OK? <input type="checkbox"/> Right <input type="checkbox"/> Left	Interviewer ID

Donor Photo & ID checked <input type="checkbox"/> Yes <input type="checkbox"/> No	DHQ clerical check ok? <input type="checkbox"/> Yes <input type="checkbox"/> No Visual inspection of Bag ok? <input type="checkbox"/> Yes <input type="checkbox"/> No	Time Start Time End	Bag Weight	Comments: <input type="checkbox"/> Slow Bleed <input type="checkbox"/> Aspirin <input type="checkbox"/> Relative <input type="checkbox"/> Others:	Phlebotomy done by: Date:

We are required under the MOH regulations and in order to ensure the safety of the patients by asking the following questions, which don't mean to interfere in the personal donors matters or to abuse. **All answers will be treated with strict confidentiality.**

	Yes	No
Are you		
1. Feeling healthy today and slept well today?		
2. Currently taking an antibiotic?		
3. Currently taking any other medication for an infection?		
4. Have you taken any medications on the Medication Deferral List in the time frames indicated? (Click here for the Medication Deferral List or ask the employee.)		
5. Have you read the educational materials today?		
In the past 48 hours		
6. Have you taken aspirin or anything that has aspirin in it?		
In the past 8 weeks, have you		
7. Donated blood, platelets or plasma?		

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8. Had any vaccinations or other shots?		
9. Had contact with someone who was vaccinated for smallpox in the past 8 weeks?		
In the past 3 months , have you		
10. Been outside the Kingdom of Saudi Arabia?		
11. Had a blood or blood components transfusion?		
12. Had a transplant such as organ, tissue, or bone marrow?		
13. Had a graft such as bone or skin?		
14. Come into contact with someone else's blood?		
15. Had an accidental needle-stick?		
16. Had sexual contact with anyone who has ever had HIV/AIDS or has ever had a positive test for the HIV/AIDS virus?		
17. Had sexual contact with a prostitute or anyone else who has ever taken money or drugs or other payment for sex?		
18. Had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything <u>not</u> prescribed by their doctor?		
19. Male donors: Had sexual contact with another male?		
20. Female donors: Had sexual contact with a male who had sexual contact with another male in the past 3 months?		
21. Had a tattoo?		
22. Had ear or body piercing?		
23. Had or been treated for syphilis or gonorrhea?		
24. Used needles to take drugs, steroids, or anything <u>not</u> prescribed by your doctor?		
25. Received money, drugs, or other payment for sex?		
26. Had performed a Hejama?		
27. have you taken any medication to prevent an HIV infection?		
In the past 16 weeks ,		
28. Have you donated a double unit of red cells using an apheresis machine?		
In the past 12 months , have you		
29. Had sexual contact with a person who has hepatitis?		

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30. Lived with a person who has hepatitis?		
31. Been in juvenile detention, lockup, jail, or prison for 72 hours or more consecutively?		
From 1980 through 1996,		
32. Did you spend time that adds up to 3 months or more in the United Kingdom countries of England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands?		
From 1980 through 2001, did you		
33. Spend time that adds up to 5 years or more in France or Ireland? Time spent in Ireland does not include time spent in Northern Ireland which is part of the United Kingdom.		
From 1980 to the present, did you		
34. Receive a blood transfusion in France, Ireland, England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands?		
Have you EVER		
35. Female donors: Been pregnant or are you pregnant now?		
36. Had a positive test for the HIV/AIDS virus?		
37. Had malaria? Or visited country endemic with malaria?		
38. Received a dura mater (or brain covering) graft or xenotransplantation product?		
39. Had any type of cancer, including leukemia?		
40. Had any problems with your heart or lungs?		
41. Had a bleeding condition or a blood disease?		
42. Had a positive test result for <i>Babesia</i> ?		
43. Have you EVER taken any medication to treat an HIV infection?		
44. In the past 28 days, have you had Covid-19 or contacted with someone who has Covid-19?		

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Informed Consent

I have read and understood the information provided about the spread of HIV, Hepatitis B and C, Syphilis, HTLV, Malaria and bacteria that can be transmitted through the donation of whole blood or its components, and if I pose a risk of spreading the microbes that cause one of these diseases, I refrain from donating blood or its components for transfusion to another person or for the purpose of their manufacture. I also understand that a sample of my blood will be tested for AIDS and other diseases like Hepatitis B and C, Syphilis, HTLV, Malaria and bacteria that may be transmitted by blood, and if the test results indicate that I should refrain from donating blood or its components, my name will be on the list of blood donor deferral permanently or temporarily according to the blood bank SOP. I also realize that a sample of my blood will be subjected to laboratory detection of these diseases that may be transmitted through blood transfusion for patients and not for the purpose of providing a medical diagnosis to me. I also understand that I will be informed if one of these tests is positive. If there is no clear positive or negative result of the test, my blood will not be used, and my name may be included in the list of deferrals without being notified until results are cleared. I also understand that I will be informed if one of these tests is positive & all my data will be sent to higher authority and authorized medical team for the aim of providing medical advice. I also know that I can accept or refuse this consent and I can withdraw from the donation at any time before, during or after giving blood, if I feel that my blood is not suitable to be transfused to patients. I also know that I can complete the donation without giving blood to my patients by ticking the box "use my blood for research and investigations only and don't give to patients" at the bottom of the page. I also know that in some emergency cases, my donated blood or its components are transfused to patients without some or even all tests of infectious diseases that may be transmitted through blood transfusion. I also confirm that the procedures of the donation process have been explained, from registration, through medical, physical assessment until phlebotomy and post donation care, and if I donate whole blood it will take about 8-10 minutes, and for platelet pheresis it will take about 1 hour during which I'll be seated comfortably or lying down under complete observation from a trained phlebotomist or a responsible nurse. I also understand that donation process may have unpleasant adverse reactions to a few donors due to many reasons; symptoms may include but not limited to weakness, dizziness, pallor, loss of consciousness and convulsions and some donor especially frequent donor may suffer from iron deficiency anemia after donation and I have read information given about strategies to mitigate that effect. Therefore, I authorize the Blood Donation Center to withdraw approximately 450 ml of my blood or to perform the automated blood components donation, conducting my blood in the appropriate manner. I assure that I answered all the questions with all credibility.

☐ **Use My Blood For Research & Investigations ONLY And DON'T Transfuse It To Patients.**

NAME:

SIGNATURE:

DATE: