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Donor History Questionnaire Form (confidential)

Blood Unit No. AB+		Segment No		Blood Bank Friend <input type="checkbox"/>		Signature:	
Place of Donation: KFMC		Date: 7 / 2 / 2022		Blood Bank Receptionist: Talha			
First Name		Father's Name		Grandfather's Name		Family Name	
Fatima		Ali		Imran		Ali	
National ID No. / Iqama		9 5 0 2 4 1 5 2 2 1		Sponsor's Name :			
Address		City: Taif		Area: Shihar		Street: Ali bin abutaleb	
Mobile No.		Date of Birth		Age		Occupation	
966 1 8 0 2 5 2 4 1 2		8 / 2 / 1999		30		Teacher	
Dispensary:		Saudi		Gender		Female	
Type of Donation		<input type="checkbox"/> Voluntary		<input type="checkbox"/> Replacement To:		Others:	
Weight		Height		Temp		Blood Group	
Hb		Pulse		BP		General Appearance OK?	
						Yes <input type="checkbox"/> NO <input type="checkbox"/>	
Physician ID		Date: / /					
Phlebotomist ID		Arm Inspection		Time Start		Bag Weight	
		Right <input type="checkbox"/> Left <input type="checkbox"/>					
Donor Photo ID Checked <input type="checkbox"/>		Visual inspection of bag OK?		Time End		Sealed By ID	
		Yes <input type="checkbox"/> No <input type="checkbox"/>					
Comments:							
<input type="checkbox"/> Slow bleed							
<input type="checkbox"/> Aspirin							
<input type="checkbox"/> Relative							
<input type="checkbox"/> Other							
Attention:		We are Required by regulations, and for the safety of our patients to ask the following questions. They are not meant to be Personal or offensive, if you don't feel you are willing to answer them, please hand this paper to the donor center staff. All answers are confidential.					
Please mark with (✓) where applies				Ye s		No	
Are You:							
01- Feeling Healthy and well today? And have you had a good sleep?							
02- Have a meal in the last three hours?							
03- Currently taking an antibiotic or any other medication (for skin or psychiatric)?							
04- Are you now taking or have you ever taken any of the following medications: Proscar, Avodart, Propeia, Accutane, Soriatane, Tegison, Growth Hormone, Hepatitis B Immune Globulin?							
05- Have read the educational material? And have your questions been answered							
In the Past 48 hours:							
06- Have you taken aspirin or anything that has aspirin in it?							
07- Female donor: have you been pregnant or are you pregnant now?		I am Male <input type="checkbox"/>					
In the Past 8 weeks:							
08- Donated blood, platelet or plasma?							
09- Had any vaccinations or other shots or visit the dentist ?							
10- Had contact with someone who had a smallpox vaccination?							
In the Past 16 weeks:							
11- Have you donated a double unit of red cell using apheresis?							
In the Past 12 months have you:							
12- Had transplant such as organ, tissue, bone marrow or had a graft such as bone or skin?							
13- Come into contact with someone else's blood or had an accidently needle-stick ?							
14- Had a sexual contact with anyone who has HIV/AIDS or has had a positive test for HIV/AIDS Virus?							
15- Had a sexual contact with a prostitute or anyone who takes money, drugs, steroids, anyone who has ever used needles to take drugs or steroids, or anything not prescribed by their doctor, or who has hemophilia or has used clotting factor concentrates ?							
16- Female donor: Had a sexual contact with a male who has ever had sexual contact with another male?		I am Male <input type="checkbox"/>					
17- Lived with a person who has Hepatitis?							
18- Had a tattoo, ear, or body piercing?							
19- Had or been treated for syphilis or gonorrhea?							
20- Been in juvenile donation, lockup, jail, or prison for more than 72 hours?							
21- Performed Hijama (Blood Letting)?							
In the past 3 years have you:							
22- Been outside Saudi Arabia ?							

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23- Had malaria or visited a country with endemic malaria?		
From 1980 :		
24- Through 1996 did you spend time that adds up to three (3) months or more in the United Kingdom? (Review list of countries in the United Kingdom)		
25- Till today did you spend time that adds up to five (5) years or more in Europe? (Review list of countries in Europe)		
26- Till today did you receive Blood transfusion in the United Kingdom or France? (Review list of cities in the United Kingdom)		
Have you ever		
27- Had a Blood transfusion?		
28- Received money, drugs, or other payment for sex, or had sexual contact with another same sex even once?		
29- Has a positive test for HIV/AIDS virus?		
30- Used needle to take drugs, steroids, clotted factor concentrated, insulin or anything not prescribed by your doctors		
31- Had Hepatitis?		
32- Had Chagas, Babesiosis or Brucellosis?		
33- Had any type of cancer, including leukemia or any bleeding condition or a blood disease?		
34- Had any problem with your heart, lungs, brain, or kidney ?		
35- Had epileptic seizure, diabetic, allergic or immune disease?		
36- Had a sexual contact with anyone who was born in or lived in Africa or have you ever been in Africa ?		
37- Have any of your relatives had creutzfeldt-jakob disease/		
38- Are you donating blood for a family member who may receive blood product from?		
39- Have you ever given blood under a different name or ID number?		
40- Have you ever been refused as a blood donor or told not to donate blood?		
41- Have you ever requested that your donated blood would not be given to patients?		
42- Are you giving blood to reduce your hemoglobin level?		
43- Are you giving blood to be tested for AIDS or any other blood tests?		

Donor Consent:

- ☐ I have read and understand the information provided to me through the educational materials available in the reception of blood donation area regarding the blood donation and spread of transfusion transmitted disease by blood and Plasma. I have received adequate explanation and my questions have been fully answered regarding the donation process and I have been notified of the risks of the donation and the instructions that must be followed after the completion of the donation process.
- ☐ The medical history I have furnished to the interviewer is true and accurate and on my responsibility.
- ☐ I understand that my blood will be tested for HIV and other infectious disease markers which transmitted by blood transfusion. I also understand that I will be notified if the test result is positive by the authorities concerned with notification, and if the result of the testing is not clearly negative or positive, my blood will not be used and my name may be included on the deferred list without me being informed until the result are further clarified.
- ☐ I pledge if the results of the test indicate that I must refrain from donating blood or plasma due to the risk of transmitting diseases and my name has been included on the list of donors who are permanently prevented from donating blood, that I should no longer donate blood or plasma because of the risk of transmitting, I agree NOT to donate blood or plasma for transfusion to another person or for further manufacture.
- ☐ I have been informed of possibilities for withdrawal from the blood donation process at any time before, during, or after the donation process if I believe that my blood is not suitable for transfusion. I have been informed that I may complete the donation process, but not have my blood transfused to a patient by selecting that "use my blood for research only" box if I believe that my blood is not suitable for transfusion.
- ☐ I have been informed that in some circumstances the blood may be transfused before all tests for infectious disease are completed. And there may be circumstance in which infectious disease test are not performed at all before transfusion.
- ☐ I hereby grant permission to the blood bank to draw approximately 450 ml of whole blood, or pump anticoagulant fluids with my blood for the automated blood derivative procedure (APHARESIS procedure), and the blood product may be used in such manner as the blood bank may deem desirable.

☐ Use My Blood for research ONLY, and don't transfuse to Patient

Name: Signature Date: / /