## Kingdom of Saudi Arabia General Directorate for health affairs Makah Almukaramah region Directorate of health affairs in Taif KING FAISAL MEDICAL COMPLEX Laboratory & Blood Bank



المملكه العربيه السعوديه المديرية العامة للشنون الصحية بمنطقة مكة المكرمة مديرية الشئون الصحية بمحافظة الطائف مجمع الملك فيصل الطبي قسم المختبر وينك الدم

- It is allowed ONLY to access and keep this document with its owner and to whom it is applicable.
- It is NOT allowed to photocopy in part or as a whole, and if needed, request it from its owner to have a copy

	<b>Donor History</b>	Questionnaire	Form (co	nfidentia	1)				
Blood Unit No. B+ Segment No Blood Bank Friend ☐ Signatur						gnature	e:		
Place of Donation: KFMC	D	023	Blood	onist: Talha					
First Name		er's Name	G		er's Name	Family Name			
Ali		hmood		Imran Ali					
National ID No. / Iqama 1   8   8   2   4   5   6   6   6   6   Sponsor's Name :  Address City: Taif Area: Shihar Street: Ali bin abutaleb Dispensary:									
Address City: Taif	Area:	Area: Shihar			oin abutaleb	Dispens			
Mobile No.   966   2   5   5   2   1   2	4 4 2	8/ 2 / 1998		Age 30	Occupation Teacher	0 "		Gender Male	
Type of Donation		Replacement		30	reacher	June	-	Othe	
	Blood			Gener	al Appearance	OK?			
Weight Height Temp	Group	Hb Pulse	BP	Yes [			Phy	/sicia	n ID
				Date:	/ /				
Phlebotomist ID Arm	Inspection	Time Star	Ва	Weight	Time of Co	ollection	Com	nments:	
Right [	☐ Left ☐							Slow bleed	
Donor Photo ID Chacked	spection of	spection of Time End		led By ID		Confirmed Blood		☐ Aspirin	
Dag OK				Gro				lative her	
_ Yes □	No 🗆				1.1.611.			ner	•••••
We are Required Attention: They are not me		and for the safet						hand i	this
		All answers are o			ic willing to uni	wer them,	picase	· · · · · · ·	
Please mark with ( ✓ ) where applies								Ye	No
								S	140
Are You:								-	
01- Feeling Healthy and well today? A		ad a good sleep	?						
02- Have a meal in the last three hour									
03- Currently taking an antibiotic or a									
04- Are you now taking or have you e					car, Avodart, F	Propeia,			
Accutane, Soriatane, Tegison, Gro							+		
05- Have read the educational materia	ar And nave yo	our questions b	een answ	ereu			NI STATE		
In the Past 48 hours:	that has asnii	rin in it?							
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 □									
In the Past 8 weeks:	snant or are ye	a pregnant no							
08- Donated blood, platelet or plasma	?								
09- Had any vaccinations or other sho		lentist ?							
10- Had contact with someone who h									
In the Past 16 weeks:									
11- Have you donated a double unit of	f red cell using	apheresis?							
In the Past 12 months have you:									
12- Had transplant such as organ, tiss	ue, bone marro	ow or had a gra	ft such as	bone or	skin?				
13- Come into contact with someone	else's blood or	had an acciden	tly needle	-stick?					
14- Had a sexual contact with anyone	who has HIV/A	AIDS or has had	a positive	e test for	HIV/AIDS Viru	s?			
15- Had a sexual contact with a prosti									
used needles to take drugs or ster		ng not prescrib	ed by thei	r doctor,	or who has he	emophilia	or		
has used clotting factor concentra		b.s.b.s.s.s.s.s				la2			
16- Female donor: Had a sexual conta	ict with a male	wno nas ever i	iad sexua	i contact		maie <i>r</i> I am Male			
17- Lived with a person who has Hepa	titis?					ann wiale			
18- Had a tattoo, ear, or body piercing?									
19- Had or been treated for syphilis or									
20- Been in juvenile donation, lockup,		for more than 7	2 hours?						
21- Performed Hijama (Blood Letting)?									
In the past 3 years have you:				aris salar					
22- Been outside Saudi Arabia ?									
									-

## Kingdom of Saudi Arabia

General Directorate for health affairs Makah Almukaramah region Directorate of health affairs in Taif KING FAISAL MEDICAL COMPLEX Laboratory & Blood Bank



المملكه العربيه السعوديه المديرية العامة للشنون الصحية بمنطقة مكة المكرمة مديرية الشئون الصحية بمحافظة الطائف مجمع الملك فيصل الطبي قسم المختبر وبنك الدم

- It is allowed ONLY to access and keep this document with its owner and to whom it is applicable.
- It is NOT allowed to photocopy in part or as a whole, and if needed, request it from its owner to have a copy

23	Had malaria or visited a country with endemic malaria?						
23-	From 1980 :						
24-	Through 1996 did you spend time that adds up to three (3) months or more in the United Kingdom?						
25-	(Review list of countries in the United Kingdom)  Till today did you spend time that adds up to five (5) years or more in Europe?						
26-	(Review list of countries in Europe)  Till today did you receive Blood transfusion in the United Kingdom or France?						
	(Review list of cities in the United Kingdom)						
27	Have you ever Had a Blood transfusion?						
	Received money, drugs, or other payment for sex, or had sexual contact with another same sex even once?						
	Has a positive test for HIV/AIDS virus?						
	Used needle to take drugs, steroids, clotted factor concentrated, insulin or anything not prescribed by your						
30-	doctors						
31-	Had Hepatitis?						
	Had Chagas, Babesiosisor or Brucellosis?						
	Had any type of cancer, including leukemia or any bleeding condition or a blood disease?						
	Had any problem with your heart, lungs, brain, or kidney?						
	Had epileptic seizure, diabetic, allergic or immune disease?						
	Had a sexual contact with anyone who was born in or lived in Africa or have you ever been in Africa ?						
	Have any of your relatives had creutzfeldt-jakob disease/						
	Are you donating blood for a family member who may receive blood product from?						
	Have you ever given blood under a different name or ID number?						
	Have you ever been refused as a blood donor or told not to donate blood?						
	Have you ever requested that your donated blood would not be given to patients?						
	Are you giving blood to reduce your hemoglobin level?						
	Are you giving blood to be tested for AIDS or any other blood tests?						
	Donor Consent:						
	have read and understand the information provided to me through the educational materials available in the r	ecepti	on of				
	ood donation area regarding the blood donation and spread of transfusion transmitted disease by blood and Pla	-					
	eived adequate explanation and my questions have been fully answered regarding the donation process and I						
	tified of the risks of the donation and the instructions that must be followed after the completion of the donation p	rocess	i.				
	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.							
	so understand that I will be notified if the test result is positive by the authorities concerned with notification, and the testing is not clearly negative or positive, my blood will not be used and my name may be included on the c						
	thout me being informed until the result are further clarified.	iciciic	u not				
	pledge if the results of the test indicate that I must refrain from donating blood or plasma due to the risk of t	ransm	itting				
diseases and my name has been included on the list of donors who are permanently prevented from donating blood, that I should							
	longer donate blood or plasma because of the risk of transmitting, I agree NOT to donate blood or plasma for tra	nsfusi	on to				
	other person or for further manufacture.						
	have been informed of possibilities for withdrawal from the blood donation process at any time before, during,						
	nation process if I believe that my blood is not suitable for transfusion. I have been informed that I may complete th ocess, but not have my blood transfused to a patient by selecting that "use my blood for research only" box if I belic						
	ood is not suitable for transfusion.	eve tin	,				
	have been informed that in some circumstances the blood may be transfused before all tests for infectious	diseas	e 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							
	blood for the automated blood derivative procedure (APHARESIS procedure), and the blood product may be u	sed in	such				
ma	nner as the blood bank may deem desirable.  Use My Blood for research ONLY, and don't transfuse to Patient						
Name: Signature Date: / /							