

Donor Registration Form

- Any person between 18-65 yrs age and over 45 kg weight can donate blood once 3 months.
- Different blood components will be prepared from the blood donated in order to benefit 2 or more patients.
- Rarely, giddiness, Pain & bruise on the arm, etc. can occur, which will be attended to by the Blood center staff.
- Please read the "Post Donation Advice" given to you.

First Name *	<input type="text" value="Santosh"/>	Date of Birth *	<input type="text" value="9/1/1990"/>
Surname	<input type="text"/>	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Contact Address	<input type="text" value="chitwan"/>	Mobile	<input type="text" value="23232"/>
Email ID *	<input type="text" value="santosh@rumsan.com"/>	Tel (Res)	<input type="text"/>
		Tel (Off)	<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

Your blood will be tested for HIV, Hepatitis B & C, Syphilis, Malaria and other tests required to ensure that the blood will not harm the patient. Confidentiality is maintained.

INFORMED CONSENT

I have understood the pre donation information. I understand as a medical procedure, there can be risks associated with donating blood. I have answered the questionnaire honestly. I volunteer to donate blood.

Do you wish to be informed about any positive test results? ☐ Yes ☐ No

If yes, how? ☐ Mob ☐ Tel(Res) ☐ Tel(Off) ☐ Email

Signature of Donor Date:

Medical Examination and Blood Collection (for Staff Use)

Camp Code	Donor Type	Weight in Kg	HB>12gm/dl	Temp (°C)
BP (mm of Hg)	Pulse (/min)	Blood Group	Signature of Conselor	
		A+		
Phelbotomy site free from skin diseases, Punctures and scars Yes / No				
Donor is in good physical and mental health and fit to donate blood if deferred, reason and period of deferral				Signature of MO
Bag Type	Tube Id	Collection Time < 10min	Time of collection	Signature of Phlebotomist
S/D/T/O/A		Yes / No		

Donor Registration Form

S.No.	Following are the 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? <div style="display: flex; justify-content: space-between;"> <div> Abnormal bleeding disorders Heart, kidney, Lung or Liver disorders Endocrine disorders Allergic Disorders </div> <div> Cancer Uncontrolled High BP Insulin dependent diabetes Polycythemia vera </div> </div>	
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 HIV, 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 one year? <div style="display: flex; justify-content: space-between;"> <div> Surgery Blood transfusion Jaundice or close contact with anyone who had jaundice </div> <div> Typhoid Rabies vaccination </div> </div>	
4.	Have you had any of the following in the last 6 months? Having sex (vaginal, anal or oral), with more than one person, without using condom Tattooing or body piercing Unexplained weight loss or continuous low-grade fever Malaria Dental Extraction, Root canal treatment	
5.	Have you ever had aspirin or drugs containing aspirin in the last 3 days?	
6.	Are you taking antibiotics or any other medicine now?	
7.	Are you well today?	
8.	Have you eaten in the last 4 hours?	
9.	For female donors: Are you pregnant? Have you had an abortion in the last 6 months? Are you breast feeding? Do you have your periods now?	
	Signature of Counselor/MO: _____	Date: _____

Digital Partner



Donate Blood, Save a Life