



# South African National Blood Service Suid-Afrikaanse Nasionale Bloeddiens

Association incorporated under Section 21 / Vereniging geïnkorporeer in terme van Artikel 21  
Registration No./Registrasienr. 2000/026390/08

## SANBS

# DONOR FORM

SURNAME:			FIRST NAMES:				MAIDEN NAME: (IF APPLICABLE)												
TITLE:	MR	MRS	MS	OTHER: (PLEASE STATE)	ID NUMBER:	Y	Y	M	M	D	D								
HOME ADDRESS:																			
(POSTAL CODE)																			
POSTAL ADDRESS:																			
(POSTAL CODE)																			
PHONE: (HOME)						(WORK)						(CELL)							
E-MAIL:																			
(PLEASE TICK APPROPRIATE BLOCK)																			
<b>THIS HIGHLIGHTED SECTION TO BE COMPLETED BY FIRST-TIME DONORS ONLY</b>															GENDER:		M	F	
LANGUAGE PREFERENCE:	ZULU	XHOSA	VENDA	TSWANA	TSONGA	SWAZI	SOUTH SOTHO	PEDI	NDEBELE	ENGLISH	AFRIKAANS	ETHNIC GROUP: (optional)	ASIAN	BLACK	COLOURED	WHITE	NOT DIS-CLOSED		
HAVE YOU EVER RECEIVED BLOOD?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN	COUNTRY OF BIRTH?			<input type="checkbox"/> SOUTH AFRICA	<input type="checkbox"/> OTHER (PLEASE STATE)											
HAVE YOU GIVEN BLOOD BEFORE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WHEN LAST?	HOW MANY DONATIONS?			WHERE?												
CURRENT OCCUPATION:									HIGHEST LEVEL OF EDUCATION COMPLETED:			PRIMARY SCHOOL	HIGH SCHOOL	TERTIARY EDUCATION					
<b>INFORMATION VERIFIED AS BEING CORRECT</b>										DONOR SIGNATURE _____									
HOW WOULD YOU PREFER TO BE REMINDED TO DONATE BLOOD?																			
<input type="checkbox"/> Letter <input type="checkbox"/> Cell <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> SMS <input type="checkbox"/> None																			

### IMPORTANT: DO NOT DONATE BLOOD IF YOU MAY HAVE BEEN EXPOSED TO HIV/AIDS *You may be endangering someone's life.*

#### DANGER: the window period . . .

The window period refers to the time from when a person is first infected with the Human Immunodeficiency Virus (HIV) until the person tests positive. During the window period, laboratory tests are negative, but the person is still capable of infecting others. The window period may last for months. Even though a window period donation may be stored and re-tested, the virus **will still not be detected**. Help keep the blood supply as safe as possible by looking HONESTLY at your lifestyle and answering the questions truthfully. If you have been in a situation where you could have been exposed to HIV/AIDS, **do not donate blood**. By donating, you will be putting the lives of patients who receive your blood at risk.

- The blood service is required to check the lifestyle of all those who wish to donate. Answer the questions you will be asked as honestly as possible, to help us keep the blood supply truly safe.
- Every blood donation is tested for HIV/AIDS. Persons testing positive must be aware that this may have a psychological impact and profoundly influence their lifestyle.

*If you are unsure about any of the above, please discuss this in confidence with our staff.*

**FOR MORE INFORMATION ON AIDS COUNSELLING AND TESTING, CALL TOLL FREE: 0800 01 2322**

The mission of the South African National Blood Service (SANBS), an association of voluntary, non-remunerated blood donors, is to provide all patients with sufficient, safe, quality blood products and medical services related to blood transfusion in an equitable, cost effective manner.

In order to fulfil our MISSION, it is important to review each donor's suitability to donate at each and every donation. This is done by means of medical monitoring and by answering health and risk behaviour questions accurately and honestly. All your answers will be treated confidentially.

Please read the "Are You Donating Blood for the Right Reasons?" pamphlet before answering the questions.

Please read carefully and answer all the relevant questions

# 1. HEALTH QUESTIONNAIRE

Tick the appropriate answer

1.1	Are you feeling well and in good health today?	YES	NO
1.2	In the <b>last four hours</b> have you had a meal or snack?	YES	NO
1.3	Have you ever been refused as a blood donor, or told not to donate?	YES	NO
1.4	Are you involved in any activity/occupation that might endanger you or anyone else should you become light-headed or faint, such as:		
	a. Driving public transport or a heavy-duty vehicle, working on scaffolding or working with machinery?	YES	NO
	b. Piloting an aircraft, sky diving, deep sea diving or mountaineering?	YES	NO
1.5	<b>IN THE PAST 7 DAYS:</b>		
	a. Have you taken aspirin, painkillers or anti-inflammatory medication?	YES	NO
	b. Have you been to the dentist?	YES	NO
1.6	<b>IN THE PAST 6 MONTHS:</b>		
	a. Have you had an injection, vaccination or inoculation?	YES	NO
	b. Have you taken Roaccutane, Proscar, Androcure, Propecia or Avodart or have you been exposed to industrial chemicals in the workplace?	YES	NO
	c. Have you been ill, received any treatment or taken any medication?	YES	NO
	d. Have you been under doctor's care, undergone surgery, or a diagnostic procedure, e.g. scope, suffered a major illness, or been involved in a serious accident?	YES	NO
	e. Have you had an accidental exposure to blood or bodily fluids (e.g. needle stick injury), or been a victim of an assault (e.g. stabbing)?	YES	NO
	f. Have you been tattooed, had ear/body piercing, acupuncture, circumcision, scarification, "bloodsharing" or "permanent make-up"?	YES	NO
1.7	<b>FEMALE DONORS:</b>		
	a. In the past six months have you been pregnant?	YES	NO
	b. At present are you pregnant or breastfeeding?	YES	NO
1.8	Have you ever taken Tigason?	YES	NO
1.9	<b>HEPATITIS – HAVE YOU:</b>		
	a. Ever had yellow jaundice (excluding jaundice at birth), hepatitis or liver disease or a positive test for hepatitis?	YES	NO
	b. In the past <b>6 months</b> , have you had close contact with a person with yellow jaundice or viral hepatitis, or have you been given Hepatitis B immunoglobulin?	YES	NO
1.10	<b>MALARIA:</b>		
	a. In the past <b>3 months</b> have you been in a malaria area?	YES	NO
	b. Did you grow up in a malaria area outside the borders of South Africa?	YES	NO
	c. In the past <b>36 months</b> have you had malaria?	YES	NO
1.11	<b>DO YOU HAVE OR HAVE YOU EVER HAD:</b>		
	a. Rheumatic fever, chest pains, heart disease/surgery or a stroke?	YES	NO
	b. Lung disease, tuberculosis or asthma?	YES	NO
	c. Cancer, a blood disease, an abnormal bleeding disorder, or a bleeding gastric or duodenal ulcer?	YES	NO
	d. Diabetes, thyroid disease, kidney disease, epilepsy (fits)?	YES	NO
	e. Chaga's disease, Babesiosis, HTLV1 or any other chronic infectious disease?	YES	NO
	f. Any other chronic medical condition?	YES	NO
1.12	<b>CREUTZFELDT-JAKOB DISEASE (CJD, vCJD):</b>		
	a. Have you ever received a tissue or organ transplant, e.g. cornea, dura mater, kidney, liver, bone marrow?	YES	NO
	b. Have you ever had injections of human pituitary growth hormone, pituitary gonadotrophin (fertility medicine), or seen a neurosurgeon or neurologist?	YES	NO
	c. Have you or close relatives had an unexplained neurological condition or been diagnosed with Creutzfeldt-Jakob Disease (Mad Cow Disease)?	YES	NO
	d. From 1980 to 1996, did you spend time that adds up to 12 months in the United Kingdom (England, Wales, Scotland, Ireland, the Channel Islands, or Isle of Man)?	YES	NO
1.13	<b>HAVE YOU OR YOUR SEXUAL PARTNER:</b>		
	a. In the past 12 months, suffered from night sweats, unintentional weight loss, persistent fever, diarrhoea or swollen glands?	YES	NO
	b. In the past 6 months, received a blood transfusion or treatment with human or animal blood products or clotting factors?	YES	NO
1.14	<b>HAVE YOU:</b>		
	a. Ever participated in a drug/vaccine trial?	YES	NO
	b. In the past 6 months, had or been exposed to shingles or chicken pox?	YES	NO
	c. In the past 12 months, been given a Rabies, Tetanus or Hepatitis B injection?	YES	NO

## 2. SELF-EXCLUSION QUESTIONNAIRE

### RISK BEHAVIOUR and HIV/AIDS

Please answer all questions honestly.

Your answers will be treated in a confidential manner.

Tick the appropriate answer

2.1 Are you HIV positive or do you think you may be HIV Positive?	YES	NO
2.2 Is your reason for donating blood to undergo an HIV test?	YES	NO
<b>2.3 IN THE PAST 6 MONTHS:</b>		
a. Have you had sexual activity with or without a condom, with more than one sex partner, had casual sex, or had sex with someone whose sexual background you do not know?	YES	NO
b. Have you been a victim of sexual assault, e.g. rape?	YES	NO
c. Have you had sexual activity with a male or female prostitute, escort or sex worker, or exchanged money, drugs, goods or favours in return for sex?	YES	NO
d. <b>MALE DONORS:</b> Have you had oral or anal sex with another man with or without a condom or other form of protection?	YES	NO
<b>2.4 IN THE PAST 12 MONTHS:</b>		
a. Have you suffered from a sexually transmitted disease (STD) e.g. syphilis, gonorrhoea, genital ulcer, VD or "drop"?	YES	NO
2.5 Have you <b>ever</b> injected yourself, or been injected, with illegal or non-prescribed drugs, even a long time ago or only once?	YES	NO
2.6 Do you think any of the above questions may be true for your sex partner?	YES	NO
2.7 Do you consider your blood safe for transfusion to a patient?	YES	NO

If you are in any doubt as to whether or not you should donate blood, please discuss it with a staff member. Alternatively you may leave the clinic now without any obligation.

## 3. DECLARATION

- 3.1 I have read and understood the information in the pamphlet, "Are You Giving Blood for the Right Reasons?"
- 3.2 I confirm that to my knowledge, I have answered all the questions accurately and truthfully and do not consider myself to be a person involved in any of the described activities that could place me at risk of spreading HIV/AIDS or Hepatitis.
- 3.3 I understand that any wilful misrepresentation of the facts could endanger the patients receiving my blood and lead to legal proceedings.
- 3.4 I am aware that my blood will be screened for amongst others, HIV, Hepatitis B, Hepatitis C and Syphilis. I understand that screening tests are not diagnostic and may yield false positive results. I understand that should any of the screening tests give a reactive result, I would be contacted, utilising the information I have supplied, and offered counselling to make an informed decision about further, confirmatory testing.
- 3.5 I am donating my blood on the understanding that it will be utilised in accordance with the Human Tissue Act (Act 65 of 1983) and the regulations pertaining to it or its future replacements.
- 3.6 I understand the blood donation process and the possible risks involved as explained.
- 3.7 I confirm that I am over the age of 16 years.
- 3.8 I undertake that should at any stage there be any reason to deem my blood not safe for use, I will immediately inform SANBS.



Please do not sign until you have answered all the questions and read the declaration.

Date:	Interviewed by:	Staff No.:
Donor's Name:	Accepted by:	Staff No.:
Donor's Signature:		

## MEDICAL REPORT

Signed:
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