

South African National Blood Service

Association incorporated under Section 21
Registration No. 2000/026390/08



SANBS
South African National Blood Service

NB! THIS IS A READ-ONLY DOCUMENT. DO NOT PRINT.

COMPREHENSIVE DONOR QUESTIONNAIRE

TO BE USED FOR FIRST THREE DONATIONS, AFTER ANY DEFERRAL
AND AFTER ANY ABSENCE FROM DONATION OF SIX MONTHS OR LONGER

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)															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						
INFORMATION VERIFIED AS BEING CORRECT						DONOR SIGNATURE _____												
HOW WERE YOU RECRUITED/REMINDED TO DONATE BLOOD?			<input type="checkbox"/> Letter	<input type="checkbox"/> Recruited	<input type="checkbox"/> Email	<input type="checkbox"/> Radio Advert	<input type="checkbox"/> Phone	<input type="checkbox"/> SMS	<input type="checkbox"/> Post	<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	Are you involved in any activity/occupation which may 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 dangerous machinery?	YES	NO
	b. Piloting an aircraft, sky diving, deep sea diving or mountaineering?	YES	NO
1.3	In the last four hours have you had a meal or snack?	YES	NO
1.4	IN THE PAST 7 DAYS:		
	a. Have you taken aspirin, painkillers or anti-inflammatory drugs?	YES	NO
	b. Have you been to the dentist?	YES	NO
1.5	IN THE PAST 6 MONTHS: have you taken any medication on the medication list?	YES	NO
1.6	FEMALE DONORS:		
	a. In the past six months have you been pregnant?	YES	NO
	b. At present are you pregnant or breastfeeding?	YES	NO
1.7	IN THE PAST 6 MONTHS HAVE YOU:		
	a. Had accidental exposure to someone else's blood or body fluid?	YES	NO
	b. Been a victim of an assault e.g. stab or bite?	YES	NO
	c. Had a tattoo or permanent make-up applied?	YES	NO
	d. Had ear or body piercing or acupuncture?	YES	NO
	e. Had cuts by a traditional healer?	YES	NO
	f. Been circumcised?	YES	NO
	g. Had an injection, vaccination or inoculation?	YES	NO
	h. Taken any pills or medicine ordered by a doctor?	YES	NO
	i. Received any medical or traditional treatment?	YES	NO
	j. Received a blood transfusion?	YES	NO
	k. Been admitted to hospital?	YES	NO
1.8	HEPATITIS:		
	a. Have you ever had hepatitis/yellow eyes and skin?	YES	NO
	IN THE PAST 6 MONTHS HAVE YOU:		
	b. Had sexual contact with a person who has hepatitis?	YES	NO
	c. Lived with a person who has hepatitis?	YES	NO
1.9	MALARIA:		
	a. In the past 3 months have you been in a malaria area?	YES	NO
	b. Did you grow up in a malaria area outside of the borders of South Africa?	YES	NO
	c. In the past 36 months have you had malaria?	YES	NO
1.10	CREUDTZFELD-JAKOB DISEASE (CJD, CJVD):		
	a. Have you ever received a tissue or organ transplant e.g. cornea, dura mater (brain covering), kidney, bone marrow?	YES	NO
	b. 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
1.11	DO YOU HAVE OR HAVE YOU EVER HAD:		
	a. Any type of cancer including leukaemia?	YES	NO
	b. Any problems with your heart or lungs?	YES	NO
	c. A bleeding condition or a blood disease?	YES	NO
	d. Diabetes, thyroid disease, kidney disease, epilepsy (fits)?	YES	NO
	e. Chaga's Disease, babesiosis, HTLV1?	YES	NO
	f. Any other chronic medical condition?	YES	NO
1.12	In the past 6 months have you had, or been exposed to Shingles?	YES	NO
1.13	In the past 12 months have you been given a Rabies, Tetanus or Hepatitis B vaccination?	YES	NO
1.14	In the past 12 months have you participated in a clinical/vaccine trial?	YES	NO
1.15	In the past 12 months have you or your sex partner suffered from night sweats, unintentional weight loss, persistent fever, persistent diarrhoea or swollen glands?	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
2.3 IN THE PAST 6 MONTHS: Have you had sexual activity with or without a condom:		
a. with more than one sex partner?	YES	NO
b. with a regular sex partner excluding your spouse?	YES	NO
c. with someone whose sexual background you do not know?	YES	NO
2.4 IN THE PAST 6 MONTHS: Have you:		
a. had sexual activity with a prostitute or anyone else who takes money or drugs or other favours for sex?	YES	NO
b. received money, drugs or other payment for sex?	YES	NO
c. been a victim of a sexual assault?	YES	NO
2.5 MALE DONORS: In the past 6 months have you had oral or anal sex with another man with or without a condom?	YES	NO
2.6 IN THE PAST 12 MONTHS:		
Have you had a sexually transmitted disease (STD) e.g. syphilis, gonorrhoea, genital ulcers, VD or "drop"?	YES	NO
2.7 Have you ever used needles to take drugs, steroids, or anything not prescribed by your doctor or a nurse?	YES	NO
2.8 Do you think your blood is safe for transfusion to a patient?	YES	NO
2.9 To your knowledge does your sex partner have other sex partners?	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 life of 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 am donating my blood with the understanding that it will be transfused to a patient. I accept that my blood will be used, at the discretion of the service, for transfusion, for the preparation of reagents or for scientific research, the main objective of which is to increase the safety of the blood supply to patients.
- 3.7 I understand the blood donation process and the possible risks involved as explained.
- 3.8 I confirm that I am over the age of 16 years.
- 3.9 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:



