IDENTITY:

DONOR ID NUMBER :
FULL NAME :
FORMER SURNAME :
SEX, DATE OF BIRTH:
TITLE :
TOTAL DONATIONS :
PHONE NO. :
ADDRESS :

Donation Number

DATE :

DONOR SIGNATURE : .....

Donor Services Comments

	Y	N
Have You Ever Attended a Blood or Platelet Donor Clinic?	☐	☐
Have You Ever Donated?	☐	☐
Will you accept Text Messages from IBTS?	☐	☐
Will you accept Emails from IBTS?	☐	☐

Country Of Birth _____

Reg. Clerk Signature

EDI carried out? Y ☐ N ☐ Not Required ☐

Donor: Accepted ☐ Deferred ☐

CNM / RGN Signature

Deferrals:

Deferral Code	Date From	Initials
		CNM / RGN

LAST DONATION:

Donation No. :

Date :
Phlebotomy :

TEST RESULTS: (Historical)

CMV: POS ☐ NEG ☐
ABO/RH :
PAED USE :

CURRENT DONATION:

Donation Source :
Donation Type :
Pack Type :
Blood Pressure :
Pulse Rate :

Additional Test (s)

Comments:

VP 1 :Sig _____

L Arm ☐ R Arm ☐ RGN☐ ADA☐

Discontinued: Yes ☐

Donation ☐ FBC ☐ S.O. ☐ ____

VP 2 :Sig _____

L Arm ☐ R Arm ☐ RGN☐ ADA☐

Discontinued: Yes ☐

Donation ☐ FBC ☐ S.O. ☐ ____

Labelling:

Packs & Tubes ☐ RGN☐ ADA☐

Verified ☐ RGN☐ ADA☐

Start Time: | Stop Time:

Heatsealer: _____

Heatsealed by: RGN☐ ADA☐

Product Tagged:

1: _____ RGN☐ ADA☐

2: _____ RGN☐ ADA☐

Scales: | Weight:

Linked By: RGN☐ ADA☐

TU Code: | Comment Code:

Needle Removed: RGN☐ ADA☐

Machine Number:

Machine Set-up: RGN☐ ADA☐

Lines Clamped: RGN☐ ADA☐

Machine Primed: RGN☐ ADA☐

Data Input Verification: RGN☐ ADA☐

Verification ☐ RGN☐ ADA☐

Correction ☐ RGN☐ ADA☐

DONOR DECLARATION

- Today, I read or listened to, understood and completed this Questionnaire. All the information I provided is true and accurate to the best of my knowledge.
- Today, I read or listened to and understood the Blood Safety and Blood Donation Information. To the best of my knowledge I am not at risk of the infections listed nor of transmitting these infections.
- I understand the nature of the donation process and the risks involved as described. I had an opportunity to ask questions and had satisfactory responses to any questions I asked. I consent to proceed with the donation process.
- I agree that my blood will be tested for HIV, hepatitis and other infectious agents and a small sample of blood will be stored. I understand that I will be notified of any results that may affect my health.
- I entrust my blood donation to the Irish Blood Transfusion Service to be used for the benefit of patients. This may be by direct transfusion to a patient, or indirectly as described.
- If I develop **any** illness after donating, I will **immediately** phone one of the Medical Staff in Dublin or Cork as this illness may have consequences for the patients who will receive my donation.
- I understand the IBTS will process information about me, my health, my attendances and my donations as explained in the donor information leaflets.
- I consent to the IBTS obtaining further details of illnesses or treatments from the Doctor/Hospital concerned if considered necessary to establish my eligibility to donate.

DONOR SIGNATURE: ..... IBTS STAFF SIGNATURE: .....

Please read carefully and tick ✓ Yes or No. If you are uncertain of any answer leave the box blank.

Your COMPLETE HONESTY in answering all questions is essential for your safety and the safety of patients who receive your blood. ALL INFORMATION YOU PROVIDE IS CONFIDENTIAL

NEVER DONATE TO GET A TEST FOR HIV OR HEPATITIS IF YOU DO YOU RISK INFECTING OTHER PEOPLE

Donors 25 years or younger:	Yes
I would like to give a blood sample to join the BONE MARROW Registry.	
I have read the associated information leaflet.	☐

Are You:	Yes	No
1. Well and healthy at present?	☐	☐
2. Having any treatment from a doctor, dentist, nurse or any other health care professional?	☐	☐
3. Involved in a hazardous occupation or hobby?	☐	☐

Have You:	Yes	No
4. Had any brain or spinal cord surgery in the UK* since 01 January 1980? **UK includes Northern Ireland, England, Scotland, Wales, The Channel Islands & The Isle of Man*	☐	☐

In the past 48 hours have you:	Yes	No
5. Taken an anti-inflammatory?	☐	☐

In the past 5 days have you:	Yes	No
6. Taken aspirin or any tablet with aspirin in it?	☐	☐

In the past 4 weeks have you:	Yes	No
7. Been in contact with an infectious disease?	☐	☐
8. Taken any tablets or medication other than HRT or the pill?	☐	☐
9. Had treatment with Proscar, Propecia, Roaccutane, Isotrex, Retin-A or Zorac?	☐	☐
10. Had treatment from a dentist?	☐	☐

In the past 8 weeks have you:	Yes	No
11. Had a vaccination?	☐	☐

In the past 4 months have you:	Yes	No
12. Had acupuncture?	☐	☐
13. Had ear, face or body piercing?	☐	☐
14. Had a tattoo or cosmetic treatment that involved piercing the skin?	☐	☐
15. Had an endoscopy (scope)?	☐	☐
16. Been in close contact with a person with hepatitis?	☐	☐

In the past 12 months have you:	Yes	No
17. Seen a doctor for any reason?	☐	☐
18. Had any medical tests or treatments?	☐	☐
19. Had an operation or any surgery?	☐	☐
20. Suffered a needlestick-injury, human bite or a blood splash into your eyes, nose or mouth or onto broken skin?	☐	☐

21. Have you EVER had any of the following:

	Yes	No		Yes	No
Allergy/Asthma?	☐	☐	Epilepsy/Fits?	☐	☐
Cancer?	☐	☐	Fainted?	☐	☐
Diabetes?	☐	☐	Heart Condition?	☐	☐
Dizzy Spells?	☐	☐	Operation/Surgery?	☐	☐

Have you EVER:	Yes	No
22. Had any serious illness?	☐	☐
23. Had jaundice or hepatitis?	☐	☐
24. Received a blood transfusion?	☐	☐
25. Had a sexually transmitted infection?	☐	☐
26. Had or been treated for syphilis or gonorrhoea?	☐	☐
27. Had an organ, tissue, or corneal transplant?	☐	☐
28. Been told that any of your relatives had Creutzfeldt-Jakob Disease (CJD)?	☐	☐
29. Been treated with Human Pituitary Growth Hormone or other Human Pituitary Extract?	☐	☐
30. Been treated with Tigason or Neotigason?	☐	☐
31. Taken care of or handled monkeys or their body fluids?	☐	☐
32. Been diagnosed with or treated for Haemochromatosis?	☐	☐
33. Had any problems during or after giving blood or blood samples?	☐	☐

Travel History:	Yes	No
34. Were you born outside of Ireland?	☐	☐
35. Did you live outside of Ireland before you were 5 years old?	☐	☐
36. Have you been outside of Ireland or the UK in the past 12 months for any reason?	☐	☐
37. Have you EVER lived in a malarial area?	☐	☐
38. Have you EVER had Malaria, Chagas' Disease or Babesiosis?	☐	☐
39. Have you EVER had an unexplained fever?	☐	☐
40. Have you EVER lived in or visited Mexico, Central or South America for four weeks or more?	☐	☐
41. Was your mother born in Mexico, Central or South America?	☐	☐

For Females Only: Have you	Yes	No
42. EVER been pregnant or are you pregnant at present?	☐	☐
43. Had Anti-D in Ireland between 1 May 1977 & 31 July 1979 or 1 March 1991 & 18 February 1994?	☐	☐
44. EVER had treatment for infertility?	☐	☐

45. For all Donors:	Yes	No
• Are you donating JUST to be tested for HIV or hepatitis?	☐	☐
• Do you or your partner have HIV or HTLV?	☐	☐
• Do you or your partner or close household contacts have hepatitis B or hepatitis C?	☐	☐
• Have you EVER injected or have you been injected with non-prescribed drugs - EVEN ONCE OR A LONG TIME AGO? This includes body building drugs & injectable tanning agents.	☐	☐
• Have you EVER been given money or drugs for sex?	☐	☐

46. For Males only: In the past 12 months	Yes	No
Have you had oral or anal sex with another male, even if it was 'safer sex' using a condom or pre-exposure prophylaxis (PrEP)?	☐	☐

47. For Females only: In the past 12 months	Yes	No
Have you had sex with a male who has EVER had oral or anal sex with another male, even if it was 'safer sex' using a condom or pre-exposure prophylaxis (PrEP)?	☐	☐

48. In the past 12 months, have you had sex with:	Yes	No
• Anyone who has HIV, hepatitis B or C, or HTLV?	☐	☐
• Anyone who has syphilis or any other sexually transmitted infection?	☐	☐
• Anyone who has EVER been given money or drugs for sex?	☐	☐
• Anyone (including your current partner) who has EVER had sex in parts of the world where HIV is very common? This includes Africa and South East Asia.	☐	☐
• Anyone who has EVER injected drugs?	☐	☐
All the above apply even if a condom or other form of protection was used.		

49. In the past 12 months have you:	Yes	No
• Been imprisoned?	☐	☐
• Snorted cocaine or any other drug?	☐	☐

50. In the past 12 months have you:	Yes	No
Taken medication to prevent HIV infection (pre/post exposure prophylaxis, PrEP/PEP)?	☐	☐