



EDV-Eingabe:	ja <input type="checkbox"/>
Kontrolle	Datum: _____ Visum: _____

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth:

Entnahmenummer:

**Please read the attached Information Sheet first, and complete the questionnaire (on pages 2 and 3) in blue or black ballpoint pen on the day of donation.**

For identification purposes please complete date of birth:  Day  Month  Year

**Only complete to notify change of details:**

Family Name:	First Name:	
Street and Number:		
Postcode and Town/Village:	Email:	
Private Phone:	Business Phone:	Mobile:

To be completed by a member of staff. Personaldaten überprüft und mit CTS verifiziert. Visum:

Blutdruck <input type="text"/> max. 180/110 min. 100/50	Temperatur <input type="text"/> max. 38°	Visum <input type="text"/>	Extra <input type="text"/>	ACD <input type="text"/>	Ausw. <input type="text"/>	Arzt <input type="text"/>	RW <input type="text"/>
Puls <input type="text"/> max. 100 min. 50	HB <input type="text"/> F 125-165 M 135-185	Visum <input type="text"/>	Gewicht <input type="text"/>	Grösse <input type="text"/>	KK <input type="text"/>	ME <input type="text"/>	<input type="checkbox"/> mRö <input type="checkbox"/> oRö

Phlebotomistin	Beginn	Ende	Entn.-Dauer/Visum	Entn.-Menge	Lot-Nummer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Bemerkungen:**

Visum: \_\_\_\_\_



# Medical questionnaire

Please reply to each question with an X

	Yes	No	Sig- nature
1. Have you ever donated blood? If so, when was your last donation? _____	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you weigh more than 50 kg (or 110 lbs)?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are you at present in good health?	<input type="checkbox"/>	<input type="checkbox"/>	
4. In the past 72 hours, have you been treated by a dental hygienist or dentist?	<input type="checkbox"/>	<input type="checkbox"/>	
5. During the past 4 weeks, have you received medical treatment or had a temperature over 38°C (or 100°F)?	<input type="checkbox"/>	<input type="checkbox"/>	
6. a) Have you taken any medication, with or without prescription, in the last 4 weeks (tablets, injections, suppositories)? If so, please specify _____	<input type="checkbox"/>	<input type="checkbox"/>	
b) During the past 4 weeks have you taken any of the following medications: Proscar® (prostate enlargement), Roaccutan® (Akne), Propecia® (baldness), or in the last 6 months, Avodart® (prostate enlargement)?	<input type="checkbox"/>	<input type="checkbox"/>	
c) During the past 3 years have you taken Neotigason®/ Soriatane® (psoriasis treatment)?	<input type="checkbox"/>	<input type="checkbox"/>	
7. a) Did you ever receive immunotherapy (cells or serum of human or animal origin)?	<input type="checkbox"/>	<input type="checkbox"/>	
b) During the past 12 months, have you been vaccinated against rabies, hepatitis B or tetanus?	<input type="checkbox"/>	<input type="checkbox"/>	
c) During the past 4 weeks, have you had any other vaccinations? If yes, please specify _____ When? _____	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have you had any of the following illnesses or health problems? a) Cardiac or circulatory problems – or pulmonary disease (blood pressure, heart attack, respiratory problems, stroke, mini stroke, unconsciousness)	<input type="checkbox"/>	<input type="checkbox"/>	
b) Skin (e.g. wounds, rash, eczema) or allergies (e.g. hay fever, asthma, medication)	<input type="checkbox"/>	<input type="checkbox"/>	
c) other disease (e.g. Diabetes, Blood disorder, Vascular disorder, Kidney disorder, Nerve disorder, Epilepsy, Cancer). Known dependency (alcohol, drugs or medication)	<input type="checkbox"/>	<input type="checkbox"/>	
9. During the past 12 months or since you last donated blood, have you had an <input type="checkbox"/> Illness <input type="checkbox"/> Operation <input type="checkbox"/> Accident	<input type="checkbox"/>	<input type="checkbox"/>	
10. a) Have you ever received grafts of human or animal tissue?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Have you ever had an operation on your brain or spinal cord?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Before 1. 1. 1986, were you ever treated with growth hormones?	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	Sig- nature
d) Has any member of your family been diagnosed with Creutzfeldt-Jakob disease? (Are you aware of a higher risk of this illness in your family?)	<input type="checkbox"/>	<input type="checkbox"/>	
e) Between 1. 1. 1980 and 31. 12. 1996 did you stay in the United Kingdom (England, Scotland, Wales or Northern Ireland) or the Channel Islands or on the Isle of Man for a cumulative period of 6 months or longer?	<input type="checkbox"/>	<input type="checkbox"/>	
f) Since 1. 1. 1980, have you received one or more blood transfusions?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Did you leave Europe in the last 6 months? a) If yes, please specify where _____ and state your date of return _____ b) Were you ill during your stay or since your return (e.g. fever)? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	
12. a) Have you ever had malaria?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Were you born in a malarial region or did you grow up or stay for longer than 6 months in such an area?	<input type="checkbox"/>	<input type="checkbox"/>	
13. a) Have you had any of the following diseases? <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Toxoplasmosis <input type="checkbox"/> Lyme disease <input type="checkbox"/> Babesiosis <input type="checkbox"/> Brucellosis <input type="checkbox"/> Chagas' <input type="checkbox"/> Osteomyelitis <input type="checkbox"/> Leishmaniasis <input type="checkbox"/> Q-fever <input type="checkbox"/> If so, when? _____	<input type="checkbox"/>	<input type="checkbox"/>	
b) During the past 4 weeks, have you been in contact with anyone suffering from an infection?	<input type="checkbox"/>	<input type="checkbox"/>	
14. In the last 6 months, have you had any of the following? <input type="checkbox"/> a tattoo <input type="checkbox"/> an endoscopic examination <input type="checkbox"/> acupuncture <input type="checkbox"/> electrical epilation <input type="checkbox"/> permanent make-up <input type="checkbox"/> body piercing <input type="checkbox"/> a needle-stick injury Other, if so, when? _____	<input type="checkbox"/>	<input type="checkbox"/>	
15. a) Have you ever had jaundice (hepatitis) or had a positive test for hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>	
b) In the last 12 months has anyone in your household or sexual partner had hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>	

# Medical questionnaire

Please reply to each question with an X

	Yes	No	Sig- nature
<b>16. Do any of the following risk situations apply to you?</b> a) Change of sexual partner in the last 6 months or had (protected or unprotected) sex with different partners in the last 12 months? b) During the last 5 years and for more than 6 months, stayed in countries where AIDS is endemic c) Since 1977, sex between men d) Since 1977, sex for payment e) Past or present history of injecting drugs f) Positive test for AIDS virus (HIV), syphilis or jaundice (hepatitis B or C)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>17. In the last 12 months, have you had sex with a partner who has been exposed to any of the risk situations mentioned above (Q.16), or received a blood transfusion in a land where AIDS is endemic?</b>	<input type="checkbox"/>	<input type="checkbox"/>	

Entnahmenummer:

	Yes	No	Sig- nature
<b>For female donors only:</b>			
<b>18. a) Have you ever been pregnant?</b> b) If yes, when was your last pregnancy? _____	<input type="checkbox"/>	<input type="checkbox"/>	
<b>19. Before 1. 1. 1986, did you receive injections of hormones for treatment of sterility?</b>	<input type="checkbox"/>	<input type="checkbox"/>	

### Informed Consent to be completed and signed by the donor

- I agree to donate my blood.
- I am aware that I can withdraw from donating blood at any point before, during or after donation without explanation and refuse permission for its use.
- I confirm that I have today read and understood the Information Sheet for Blood Donors (Version 07). Any questions have been answered to my satisfaction.
- I confirm that my personal details are correct and that I have completed the questionnaire to the best of my knowledge.
- I accept that my blood, if necessary, may also be analysed using genetic tests and that a sample will be stored for possible additional tests as required by Federal law on therapeutic products (Heilmittelgesetz). I will be informed about the results.
- I understand that part of my donation may be used to manufacture medicines.
- I agree that my blood or certain components of it, in exceptional circumstances, may be anonymously used for research purposes.
- All information supplied during the process of donating blood is protected by medical confidentiality. This information will be exclusively restricted for use within the SRC Blood Donor Service (BSD SRK) and the SRC Regional Blood Donor Service (BSD SRK).

Family Name:	First Name:	Date of Birth:

(please use capital letters)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Bemerkungen Anamnese:**

zu Frage: \_\_\_\_\_

zu Frage: \_\_\_\_\_

zu Frage: \_\_\_\_\_

zu Frage: \_\_\_\_\_

	Spendetauglich	Rückweisung	Ausschluss	Datum	Visum
Fragebogen kontrolliert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
HB, Puls, BD kontrolliert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Schlusskontrolle:

**Thank you very much for your donation.**

## Information Sheet for Blood Donors (version 07)

### Risks for you as a blood donor

When donating blood a sterile needle will be inserted into a vein in the arm and within 12 minutes nearly half a litre of blood will be collected. For a healthy person, the loss of this amount of blood in such a short time is normally well tolerated. It is therefore important that you are healthy. We will not take your blood if any of the pre-donation checks (blood pressure or haemoglobin) or your completed questionnaire indicate an increased risk to your health through donating blood. Despite taking all precautions, complications may still occur during or after donating.

- short fainting episode
- injury at needle entry point  
(bruising, distension of the blood vessel wall, nerve damage)

Although the majority of complications are temporary and harmless, very rare complications (e.g. diminished arm mobility) cannot be totally excluded. Your donor centre will advise you on prevention and treatment.

### Measures to reduce the risk to the recipient of your blood:

#### 1. Risk situations

One risk is the transmission of an infectious disease, possibly present in your blood, without you showing symptoms or feeling ill. We are able to assess this risk with the help of the completed medical questionnaire. In compliance with the blood donor service SRC regulations you may be asked to temporarily defer or definitively refrain from donating blood.

#### You should never give blood if any of the following risk situations apply

1. A positive test for AIDS (HIV), syphilis and chronic hepatitis,
2. Since 1977, sex\* between men,
3. Since 1977, sex\* for payment,
4. Past or present history of injecting drugs,
5. Clotting disorder treated with blood products (clotting factor concentrates).

#### You should temporarily not give blood if any of the following situations apply

6. A visit to a malarial region during the past 6 months, without health problems, (If you were unwell during or after your stay please inform the donor centre doctor as this may require a longer wait),
7. Gonorrhoea or another venereal disease during the past 12 months, or a stay of more than 72 hours in prison within the last 6 months, or sex\* with someone who has,
8. Change of sexual partner\* during the past 6 months,
9. Frequent changes of sexual partner\* during the past 12 months,
10. A stay of more than 6 months, during the past 5 years, in a country where AIDS is endemic,
11. Sex\* during the past 12 months with partners who has been exposed to situations listed under 1–5 or 7–10,
12. Sex\* during the past 12 months with a partner who, in the past 5 years, has been transfused with blood products in a country where AIDS is endemic,
13. Have a genital piercing.

\* protected or unprotected

#### 2. Screening tests

All donated blood is tested for the presence of the AIDS virus, hepatitis B and C virus as well as syphilis. You will be informed without delay of any abnormal result, and your blood will not be used. It is however possible, in the early stages of infection, for test results to be negative. If you donate during this period, it would be possible to infect the recipient of your blood, without the blood donor service knowing and being able to prevent it. For this reason it is essential that you complete this questionnaire accurately.

Each donor's blood is tested for the ABO blood groups and the rhesus factor D and where necessary further transfusion related characteristics may be determined using molecular genetic testing.

### 3. Please inform your donor centre as soon as possible:

- If you or someone in your close circle of contacts falls ill in the next few days.
- If you realise that you have answered a question incorrectly.
- If you suffer any adverse effects after donating blood. Claims are covered by liability insurance.

All personal details are protected by medical confidentiality. These details will only be used within the blood donor service SRC and the regional donor services.

Before you donate blood please drink plenty of fluids. After donating we advise you to take time to eat the snack provided by the donor centre. New donors should bring **personal identification (with photo)** with them and allocate enough time for a stress-free donation. Below are listed various reasons why donors should refrain from donating blood, either **temporarily** or **definitively** for health-related or medical reasons.

#### You must **temporarily** refrain from giving blood:

- While you have a cold sore (herpes simplex)
- After major skin abrasions
- After examination or treatment by a dental hygienist or dentist (72 hours)
- While you have a cold (7 days)
- After falling ill with a fever of more than 38°C
- After taking certain medications, antibiotics, tablets for fungal infections (2 weeks)
- After beginning treatment, change of dosage or ceasing medication for high blood pressure
- After illness with fever and recurrent diarrhoea
- After vaccinations (depending on type of vaccination, 48 hours to 4 weeks)
- After visiting the North American Continent including Mexico and Hawaii (4 weeks)
- After visiting a region where chikungunya, dengue fever are endemic or any other infectious disease (see: <http://www.blutspendezurich.ch>, section Formulare und Dokumente)
- Before planned surgery
- After surgery (1–12 months)
- After a tick bite (3 months or 6 months where antibiotics were given for suspected borreliosis)
- After a gastroscopy or colonoscopy (6 months)
- After taking prescribed medication for treatment of an acute gastro-intestinal ulcer (for 3 months after ceasing medication)
- After a stay in a known – or possible – malarial region (including the Asian part of Turkey) (6 months)
- After being bitten (14 days to 12 months)
- After infectious jaundice (2 years)
- If you suffer from epilepsy (for 3 years after ceasing all medications)
- If you have genital piercings (until 2 weeks after removal). For 72 hours after other piercings, or longer if the puncture site is still inflamed
- After a tattoo or permanent make-up (6 months)

#### You must **definitively** refrain from giving blood:

- After transplants of human or animal tissue (dental implants not included)
- If you have had a blood transfusion since 1980
- If you suffer from angina pectoris, have a cardiac pacemaker, have had bypass surgery, have a stent or take endocarditis prophylaxis
- If you have chronic lung disease
- If you have cancer (even after surgery). It is however possible to donate blood after full recovery from basal cell carcinoma or after a conical excision following cervical cancer (stage 1)
- After any operation on your brain or spinal cord
- If you stayed in the British Isles for a cumulative period of 6 months between 1980 and 1996
- Insulin dependent diabetes

Bus, train and taxi drivers or people with similar responsibility for other people's safety should not return to work for at least 12 hours after donating blood; pilots should wait 24 hours. Donors should wait at least 48 hours before taking part in high-risk hobbies such as diving and parachute-jumping.

All donors should avoid strenuous activity until the following day.

**As a precautionary measure we would like all donors over 65 to complete a supplementary questionnaire to check their current state of health.**

The Blood Donor Service SRC is aware that by asking these questions it is invading your privacy. In the interest of the recipient's health we are dependant on your reliable information.

**This information is not complete. For further information or queries, please contact us on 0840 200 300.**

Thank you very much for your co-operation!