



RAJARAJESWARI MEDICAL COLLEGE & HOSPITAL

Kambipura, Mysore Road, Kengeri Hobli, Bangalore - 560 074.

BLOOD DONOR QUESTIONNAIRE & CONSENT FORM

Licence No. KTK/28C/173/2004

CONFIDENTIAL

Blood Unit No : _____

KTK/28C/273/2014

() Tick Wherever Applicable

Please answer the following question correctly. This will help to protect you and the patient who receives your blood.

Name : _____ Sex : Male/Female

Date of Birth : _____ Age : _____ Father/Husband Name : _____

Occupation : _____ Organization : _____

Address for Communication : _____

Telephone : _____ Mobile No. : _____

Fax No. : _____ E-mail ID : _____

Have you donated previously : Yes No

If yes, on how many occasions : _____ Last Donation

Your Blood group (If Know) : _____ Time of last meal : _____

Did you have any discomfort during/after donation ? Yes No

1. Do you feel well today ? Yes No

2. Did you have something to eat in the last 4 hours ? Yes No

3. Did you sleep well last night ? Yes No

4. Have you any reason to believe that you may be infected by either Hepatitis, Malaria, HIV/AIDS, and or Venereal disease Yes No

5. In the last 6 months have you had any history of the following : Yes No

Unexplained weight loss Swollen glands

Repeated Diarrhea Continuous low-grade fever

6. In the last 6 months have you had any :

Tattooing Blood Transfusion

Ear piercing Malaria

Dental extraction

7. Do you suffer or have suffered from any of the following diseases ?

Heart disease/High/BP BP Anaemia

Allergic disease Abnormal bleeding tendency (Ex : during brushing teeth)

Lung disease Epilepsy (fits)

Jaundice (yellow skin.eyes-last 1 yr) Kidney disease

Sexually Transmitting disease Cancer / Malignant disease

Malaria Diabetes

Typhoid (last 1yr) Tuberculosis

Fainting spells Hepatitis B/C

Leprosy Polycythemia Vera

Asthma Liver disorder

Endocrine/hormonal disorder Schizophrenia (psychiatric disorder)

8. In the last 15 days any immunization against

Hepatitis B (24hrs) Cholera

Typhoid DPT

Immunoglobulin (1yr) Anti Rabies (Last 1 yr)

9. Are you taking or have taken any of these in the past 72 hrs ?

Antibiotics Steroids
Aspirin (Ex : Dispirin, Ecospirin) Alcohol (24hrs)

10. Is there any history of surgery ?

Major surgery (1yr) Minor surgery (3 months)

11. For Women donors :

Are you pregnant ? Yes No
Have you had an abortion in the last 6 months Yes No
Do you have a child less than one year old ? Yes No
Is the child still breast - feeding ? Yes No
Are you having your period today ? (5 days gap) Yes No

12. Have you had any of these in the last 1 year ?

Typhoid Dog bite/Anti rabies vaccination Genital sore
Jaundice H/O Hepatitis in family Gonorrhoea

13. Would you like to be informed about any abnormal test result at the address furnished by you ?

Yes No

14. Are you related to the patient ?

Yes No

15. PLEASE ANSWER THIS QUESTION TRUTHFULLY :

HIV spreads primarily through sexual route.

Have you engaged in sex with anybody else other than your wife/husband in the last 6months

Yes No

16. Have you read and understood all the information presented and answered all the questions truthfully, as any incorrect statement or concealment may effect your health or may harm the recipient.

Yes No

I understand that

a. Blood donation is a totally voluntary act and no inducement or remuneration has been offered.

b. Donation of blood / component is a medical procedure and that by donating voluntarily, I accept the risk that occur occasionally associated with this procedure. (Ex : Giddiness, Nausea, Vomiting)

c. My blood will be tested for Hepatitis B, hepatitis C, Malarial parasite, HIV/AIDS and Venereal diseases in addition to any other screening tests required to ensure blood safety

I prohibit any information provided by me or about my donation to be disclosed to any individual or government agency without my prior permission

The above points have been explained to me in the language I understand

I hereby voluntarily give my consent to donate blood.

Date : _____ Time : _____ Donor Signature : _____

FOR BLOOD BANK USE ONLY

Type of donation Voluntary Replacement Repeated Voluntary

Donor Examination & Blood collection

1. Temperature 2. Pulse/min 3. BP mm / Hg

4. Hb g/dl 5. Weight Kg 6. Blood Group

7. Blood Bag No 8. Tube No

9. Type of Bag S D T Q P

10. Accept Defer Reason for deferral.....

Signature of Phlebotomist..... Signature of Medical Officer.....