

Australian Capital Territory

Blood Donation (Transmittable Diseases) Donor Form 2003

Disallowable instrument DI2003-255

Approved Form AF2003-10

made under the

Blood Donation (Transmittable Diseases) Act 1985 section 10 (3) (Approved Forms)

I approve the attached blood donation donor declaration.

This instrument commences on 8 September 2003.

Simon Corbell MLA
Minister for Health

Date: 26 August 2003

Blood Donor Questionnaire



Rh D negative mum, Frederique, received an Rh D injection prior to the birth of her son Luka. The injection was given to prevent her body from producing antibodies that may result in 'haemolytic disease of the newborn' in her next child. Rh D injections are made from special plasma donations.

"Thank you for taking the time to donate blood today."

Your gift of blood will help improve the quality of life of someone in need. This could be an accident victim, a person undergoing surgery, a recipient of a bone marrow transplant or someone suffering from a blood disease such as leukaemia.

The Australian Red Cross Blood Service (ARCBS) is committed to providing safe blood and blood products for all those who need them. To maintain the very highest standard of safety, we ask you to answer a number of questions about your general health and your lifestyle activities. These questions help us determine if it is safe for you to give blood, and if so, how we can best use your blood donation.

Every question is important, your honesty in answering these questions is paramount for your

safety and the safety of those who may receive your blood. We encourage you to discuss the questions with the staff member who interviews you.

In keeping with our Privacy Policy, all information you provide to us during the pre-donation interview is strictly confidential. All information will be gathered, kept and treated in accordance with the Federal Privacy Act and ARCBS Privacy Policy, and may only be released with consent or by obligation to comply with statutory notification or other legally enforceable requirements.

If you wish to see our Privacy Policy, please ask your interviewer for a copy. You can also obtain a Privacy Policy by calling **13 14 95** or online at **www.giveblood.redcross.org.au**

What happens when you donate blood?



Welcome to a special, select group of people who care.

Occasionally, a problem may arise during or after your donation. These problems are not common and we are telling you about them so that if they ever occur, you will know some simple and appropriate steps to take.

How to avoid bruising

Try to limit use of the arm from which the blood was taken for the first 15 minutes after donating.

If you develop a bruise that causes discomfort, a mild pain reliever (not aspirin) or an icepack may help.

Please phone us if a troublesome bruise occurs. Such bruises are not common and we want to hear about them as we may be able to give helpful advice.

Bleeding from the needle site

If this happens after a donation has been collected:

- Lift your arm above your shoulder and press on the bleeding site.
- Sit down and ask for a donor nurse.

You can avoid bleeding by:

- Limiting the use of the elbow for about 15 minutes.
- Being careful when using your arm to eat or drink and when putting on a jacket after donating.

Feeling faint

Fainting is due to a nerve reflex, which slows the pulse and lowers blood pressure for a short period.

If you feel dizzy, light-headed, or unwell and are still on the donor couch, tell a donor nurse immediately.

- Rest for around 30 minutes or until you feel well again.
- A drink of fluids is helpful.

If you feel faint after you have left the donor couch, sit or lie down as flat as possible rather than take the risk of falling.

If you have left the donor centre then follow the recommendations above or if you're driving, slow down and stop the car where it is safe to.

Reducing the chance of fainting

Make sure that you eat something in the 3 hours before donating and drink 4 glasses of water/juice prior

to visiting the donor centre. In warm weather, be prepared by having plenty of liquid in the 24 hours before donation.

- Avoid strenuous exercise and drink plenty of liquid (preferably non-alcoholic) in the few hours after your donation.
- If you have a naturally low blood pressure and feel faint if you stand up suddenly, please tell us.
- Are you very anxious? Please tell us. We can help you feel at ease.

Rare events

Rarely a donation needle may come into contact with a nerve under the skin. This may be painful but is normally only momentary.

If you have any concerns, please speak to a member of the donor team, or if after leaving the venue you require medical attention, please contact a doctor, and notify your local blood service.

Very rarely, donors may develop a fast pulse or a sensation of tightness in the chest.

If this happens, tell a donor nurse immediately.

If you notice a problem after leaving the donor

centre, contact a hospital or doctor so the problem can be assessed. Please contact us later and tell us what happened.

Keeping your blood healthy – iron stores

Whole blood donations contain iron, some of which is lost each time you donate. This is why we recommend a minimum of 10 weeks between donations to allow the iron to be replaced.

We measure your haemoglobin each time you donate and if it is too low, it is important that further tests of your iron levels are carried out.

As iron can be low and the haemoglobin test still acceptable, it is important that you have a well balanced diet containing sufficient iron to replace it.

Please wait and have some refreshments after giving blood.

If you become unwell within the next 5 days with a cough, cold, diarrhoea or other infection or become aware of any other reason why your blood should not be used for transfusion, then please call the Australian Red Cross Blood Service on **13 14 95**.

Section A

ALL donors to complete this section.

Please respond by placing a cross in the relevant box like this ☒

Today:

1. Are you feeling healthy and well? Yes ☐ No ☐ C0
2. Women only – Are you pregnant or breast-feeding or have you been pregnant in the past 9 months? Yes ☐ No ☐ C1

For safety reasons:

3. In the next 3 days, do you intend to participate in any activity which would place you or others at risk of injury if you were to become unwell after donating, such as:
 - Driving public transport Yes ☐ No ☐ C2
 - Operating heavy machinery Yes ☐ No ☐ C2
 - Underwater diving Yes ☐ No ☐ C2
 - Piloting a plane Yes ☐ No ☐ C2

In the last week have you:

4. Had any dental work, cleaning, fillings, or extractions? Yes ☐ No ☐ C3
5. Taken any aspirin, pain killers, or anti-inflammatory preparations? Yes ☐ No ☐ C5
6. Had any cuts, abrasions, sores, or rashes? Yes ☐ No ☐ C6
7. Had a gastric upset, diarrhoea, abdominal pain, or vomiting? Yes ☐ No ☐ C7

Since your last donation, have you:

OR if you are a new donor, have you in the last 12 months:

8. Been investigated or treated for any illness or had surgery? Yes ☐ No ☐ C9
9. Had chest pain/angina or an irregular heartbeat? Yes ☐ No ☐ D0
10. Taken tablets for acne or a skin condition? Yes ☐ No ☐ D1
11. Taken any other medication? Yes ☐ No ☐ D2
12. Worked in an abattoir? Yes ☐ No ☐ D3
13. Been overseas? Yes ☐ No ☐ D4
14. Had a sexually transmitted disease e.g. gonorrhoea, syphilis, or herpes? Yes ☐ No ☐ D5
15. Had any immunisations/vaccinations? Yes ☐ No ☐ D6
16. Had shingles or chickenpox? Yes ☐ No ☐ D7

17. Do you know of anyone in your family who had or has:

- Creutzfeldt-Jakob Disease (CJD)? Yes ☐ No ☐ D8
- Gerstmann-Straussler-Scheinker syndrome (GSS)? Yes ☐ No ☐ D8
- Familial Fatal Insomnia (FFI)? Yes ☐ No ☐ D8

18. Have you lived in, or visited England, Scotland, Wales, Northern Ireland, the Channel Islands, or the Isle of Man for a cumulative (total) period of six months or more, between 1st January 1980 and 31st December 1996 inclusive? Yes ☐ No ☐ D9

Section B

Please complete ONLY if you are a new donor or have not attended for 2 years or more.

Have you:

1. Ever volunteered to donate blood before? Yes ☐ No ☐ NP
If yes – where and when?

2. Ever been advised not to give blood? Yes ☐ No ☐ NP
3. Ever suffered from anaemia or any blood disorder? Yes ☐ No ☐ A4
4. Ever had a serious illness, operation or been admitted to hospital? Yes ☐ No ☐ A5
5. Had a neurosurgical procedure involving head, brain, or spinal cord between 1972 and 1989? Yes ☐ No ☐ A6
6. Ever received a transplant or graft (organ, cornea, dura mater, bone etc.)? Yes ☐ No ☐ A7
7. Received injections of human growth hormone for short stature or human pituitary hormone for infertility prior to 1986? Yes ☐ No ☐ A8
8. Ever suffered head injury, stroke, or epilepsy? Yes ☐ No ☐ A9
9. Ever had a heart or blood pressure problem, rheumatic fever or heart murmur, or chest pain? Yes ☐ No ☐ B0
10. Ever had a bowel disease, stomach or duodenal problems or ulcers? Yes ☐ No ☐ B1
11. Ever had kidney, liver, or lung problems including tuberculosis (TB)? Yes ☐ No ☐ B2
12. Ever had diabetes, a thyroid disorder, or an autoimmune disease e.g. rheumatoid arthritis or lupus? Yes ☐ No ☐ B3
13. Ever had cancer of any kind including melanoma? Yes ☐ No ☐ B4
14. Ever had malaria, Ross River fever, Q fever, leptospirosis, or Chagas' disease? Yes ☐ No ☐ B5
15. Ever had (yellow) jaundice or hepatitis? Yes ☐ No ☐ B6
16. Travelled or lived overseas in the last 3 years? Yes ☐ No ☐ B7
17. Ever spent more than 3 months in Central or South America? Yes ☐ No ☐ B8
18. Ever had treatment with the medication TIGASON (Etretinate) or NEOTIGASON (Acitretin)? Yes ☐ No ☐ B9

continued overleaf



Australian Red Cross

BLOOD SERVICE

Section C

Donor Declaration

There are some people who MUST NOT give blood as it may transmit infections to those who receive it. To determine if your blood or blood products will be safe to be given to people in need, we would like you to answer some questions. These questions are a vital part of our efforts to eliminate any diseases from the blood supply.

All donations of blood are tested for the presence of hepatitis B and C, HIV 1 and 2 (the AIDS virus), HTLV I and II and syphilis. If your blood test proves positive for any of these conditions, or for any reason the test shows a significantly abnormal result, you will be informed.

All of the questions are important to answer. Answer each question on the form as honestly as you can and to the best of your knowledge. There are penalties including fines and imprisonment for anyone providing false or misleading information.

To the best of your knowledge have you:

1. Had an illness with swollen glands and a rash, with or without a fever in the last 6 months? Yes ☐ No ☐ E1
2. Ever thought you could be infected with HIV or have AIDS? Yes ☐ No ☐ E2
3. Ever "used drugs" by injection or been injected, even once, with drugs not prescribed by a doctor or dentist? Yes ☐ No ☐ E3
4. Ever had treatment with clotting factors such as Factor VIII or Factor IX? Yes ☐ No ☐ E4
5. Ever had a test, which showed you had hepatitis B, hepatitis C, HIV, or HTLV? Yes ☐ No ☐ E5
6. In the last 12 months engaged in sexual activity with someone you might think would answer "yes" to any of questions (1-5)? Yes ☐ No ☐ E6
7. Since your last donation or in the last 12 months had sexual activity with a new partner who currently lives or has previously lived overseas? Yes ☐ No ☐ E7

Within the previous 12 months have you:

8. Had male to male sex? Yes ☐ No ☐ E9
9. Had sexual activity with a male who you think might be bisexual? Yes ☐ No ☐ F0
10. Been a male or female sex worker (e.g. received payment for sex in money, gifts or drugs)? Yes ☐ No ☐ F1
11. Engaged in sexual activity with a male or female sex worker? Yes ☐ No ☐ F2
12. Been injured with a used needle (needlestick)? Yes ☐ No ☐ F3
13. Had a blood/body fluid splash to eyes, mouth, nose, or to broken skin? Yes ☐ No ☐ F4
14. Had a tattoo (including cosmetic tattooing), skin piercing, electrolysis, or acupuncture? Yes ☐ No ☐ F5
15. Been imprisoned in a prison or lock-up? Yes ☐ No ☐ F6
16. Had a blood transfusion? Yes ☐ No ☐ F7
17. Had (yellow) jaundice or hepatitis or been in contact with someone who has? Yes ☐ No ☐ F8

This declaration is to be signed in the presence of a Blood Service staff member. (Please read the following statements.)

Thank you for answering these questions. If you are uncertain about any of your answers, please discuss them with your interviewer.

We would like you to sign this declaration in the presence of your interviewer (a Blood Service staff member) to show that you have understood the information on this form and have answered the questions in the declaration to the best of your knowledge.

Your donation is a gift to the Blood Service to be used to treat patients, or in some circumstances, for teaching, research, quality assurance or the making of essential diagnostic reagents.

You may be asked by the Blood Service to undergo further tests. A part of your donation may be stored for future testing and research. Approval from the appropriate Human Research Ethics Committee must be obtained before any research is undertaken on blood samples.

Should you become unwell in the 5 days following a donation with a cough, cold, diarrhoea or other infection or become aware of any other reason why your blood should not be used for transfusion, please call us on 13 14 95.

Declaration:

I agree to have blood taken from me under the above conditions. I have been advised that there are some possible risks associated with donating blood and that I must follow the instructions of the Blood Service staff to minimise these risks.

Donor (Please Print)

Surname _____

Given Name _____ Date of Birth _____

Signature _____

Please sign in the presence of the interviewer

Witness (Please Print)

Surname _____

Given Name _____

Signature _____

Interview Date _____ Supp Questions _____

Donor Identity Verified Yes ☐ No ☐ Donor Weight _____

Donation Number: _____

Even if you are unable to give blood today, we thank you for coming and appreciate your willingness to be a blood donor.