

AUSTRALIAN CAPITAL TERRITORY

BLOOD DONATION (TRANSMITTABLE DISEASES) ACT 1985

APPROVAL

INSTRUMENT NO. 36 OF 1999

I, Michael Moore, Minister for Health and Community Care, HEREBY APPROVE the Form at Attachment A pursuant to section 5(1)(a) of the Blood Donation (Transmittable Diseases) Act 1985.

This approval is to commence on 1 March 1999.

Dated this eleventh day of February 1999

Michael Moore

Minister for Health and Community Care

DONOR DECLARATION

There are some people in the community who MUST NOT give blood as it may transmit infections to people who receive it. So before you give blood we need you to answer some questions to ensure that it will be safe for people to be given your blood or blood products. The following questions are a vital part of our effort to eliminate these diseases from the blood supply.

Even though there are a lot of questions they are all important and you need to answer every question on the form honestly and to the best of your ability. Answering these questions honestly is important because there are severe penalties including fines and/or imprisonment for false or misleading information.

All donations of blood are tested for the presence of Hepatitis B and C, HIV 1 and 2 (AIDS virus), syphilis, and HTLV I and II. Should your blood test positive for any of these diseases or show a significantly abnormal result you will be notified.

To the best of your knowledge have you: (please circle your answer)	Within the last 12 months have you: (please circle your answer)
1. In the last 6 months had an illness with swollen glands and a rash, with or without a fever? <input type="checkbox"/> YES <input type="checkbox"/> NO	8. Had male to male sex? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Ever thought you could be infected with HIV or have AIDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	9. Had sexual activity with a male who you think might be bisexual? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Ever "used drugs" by injection or been injected, even once, with drugs not prescribed by a doctor or dentist? <input type="checkbox"/> YES <input type="checkbox"/> NO	10. Been a male or female sex worker (eg received payment for sex in money, gifts or drugs)? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Ever had treatment with clotting factors such as Factor VIII or Factor IX? <input type="checkbox"/> YES <input type="checkbox"/> NO	11. Engaged in sexual activity with a male or female sex worker? <input type="checkbox"/> YES <input type="checkbox"/> NO
5. Ever had a test which showed you had Hepatitis B, Hepatitis C, HIV or HTLV? <input type="checkbox"/> YES <input type="checkbox"/> NO	12. Been injured with a used needle (needlestick)? <input type="checkbox"/> YES <input type="checkbox"/> NO
6. In the last 12 months have you engaged in sexual activity with someone you might think would answer "yes" to any of questions (1-5)? <input type="checkbox"/> YES <input type="checkbox"/> NO	13. Had a blood/body fluid splash to eyes, mouth, nose or to broken skin? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
7. Since your last donation or in the last 12 months have you had sexual activity with a new partner who currently lives or has previously lived overseas? <input type="checkbox"/> YES <input type="checkbox"/> NO	14. Had a tattoo (including cosmetic tattooing) skin piercing, electrolysis or acupuncture? <input type="checkbox"/> YES <input type="checkbox"/> NO
	15. Been imprisoned in a prison or lock-up? <input type="checkbox"/> YES <input type="checkbox"/> NO
	16. Had a blood transfusion? <input type="checkbox"/> YES <input type="checkbox"/> NO
	17. Had (yellow) jaundice or hepatitis or been in contact with someone who has? <input type="checkbox"/> YES <input type="checkbox"/> NO

Thank you for answering these questions. If you are uncertain about the answers to these questions please discuss this with the interviewer. We would like you to sign this declaration in the presence of a Blood Service staff member.

- I declare that I have understood the information on the form and answered the questions in the declaration to the best of my knowledge.
- I understand that, as scientific knowledge advances, I may be asked by the Blood Service to undergo further blood tests.
- I understand that my donation is a gift to the Blood Service which may be used for therapeutic purposes and in some instances for the manufacture of diagnostic agents and research.
- I have been advised that there are some possible risks associated with donating blood.
- I have also been informed that I must follow the instructions of the Blood Service staff to minimise these risks.

Donors signature: _____	Witness signature: _____
Print name: _____	Print name: _____
Supplementary question/s: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	Donation Number: <div style="border: 1px solid black; width: 150px; height: 30px;"></div>
Date: _____	

Please notify the blood service if you become unwell within 5 days of donating. Even if you are unable to give blood today we thank you for coming and appreciate your willingness to be a blood donor.

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DONOR DETAILS and OTHER DATA as determined by the local system