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.

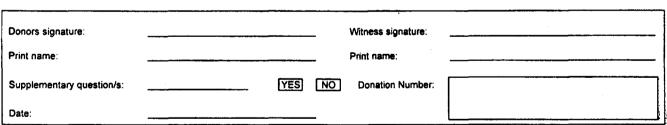
All donations of blood are tested for the presence of Hepatitis B and C, HIV 1 and 2 (AIDS virus), syphilis, and HTLV I and II. Should your blood test positive for any of these diseases or show a significantly abnormal result you will be notified.

To the best of your knowledge have you: (please circle your answer)				
1.	In the last 6 months had an illness with swollen g a rash, with or without a fever?		and	
2.	Ever thought you could be infected with HIV or have AIDS?	YES	NO	
3.	Ever "used drugs" by injection or been injected, e with drugs not prescribed by a doctor or dentist?	ven or	NO	
4.	Ever had treatment with clotting factors such as Factor VIII or Factor IX?	YES	NO	
5.	Ever had a test which showed you had Hepatitis Hepatitis C, HIV or HTLV?	B, YES	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)?			
7.	Since your last donation or in the last 12 months had sexual activity with a new partner who currer has previously lived overseas?	itly live		

	Within the last 12 months have you: (please circle your answer)			
	8. Had male to male sex?	YES NO		
	9. Had sexual activity with a male who you think might be bisexual?	YES NO		
	10. Been a male or female sex worker (eg received payment for sex in money, gifts or drugs)?	YES NO		
	11. Engaged in sexual activity with a male or			
ı	female sex worker?	YES NO		
	12. Been injured with a used needle (needlestick)?	YES NO		
-	13. Had a blood/body fluid splash to eyes, mouth, nose or to broken skin?	YES		
	14. Had a tattoo (including cosmetic tattooing)			
	skin piercing, electrolysis or acupuncture?	YES NO		
	15. Been imprisoned in a prison or lock-up?	YES NO		
	16. Had a blood transfusion?	YES NO		
	17. Had (yellow) jaundice or hepatitis or been in contact with someone who has?	YES NO		
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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.



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