

Australian Capital Territory

Blood Donation (Transmittable Diseases) Blood Donor Form 2020 (No 1)

Disallowable instrument DI2020–304

Approved form AF2020–100

made under the

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

1 Name of instrument

This instrument is the *Blood Donation (Transmittable Diseases) Blood Donor Form 2020 (No 1)*.

2 Commencement

This instrument commences on 31 January 2021.

3 Declaration

I approve the attached blood donation declaration form in accordance with the power delegated to me by the Minister as specified by the Notifiable Instrument NI2018-94.

4 Revocation

This instrument revokes the Disallowable Instrument DI2019-223 and Approved Form AF2019-54 notified on the ACT Legislation Register on 1 October 2019.

Dr Kerry Coleman
Chief Health Officer

26 November 2020

Donor questionnaire

Thank you for your generosity

Important information for a safe, comfortable donation.

Blood donation is very safe, but occasionally problems can happen. This questionnaire helps keep you and patients safe.

All of these questions are important and you need to answer each one honestly. Providing false or misleading information may lead to fines and imprisonment. Some people **MUST NOT** give blood as it may not be safe for them, or for the patient who receives their donation.

Fainting

About 1 in 100 donors feel faint (dizzy, light-headed, hot, sweaty or unwell) during or straight after donating. Even fewer, about 1 in 1,000, faint (lose consciousness). Some donors may feel faint or faint after leaving the donor centre.

Tips to reduce the risk of fainting

In the 24 hours before you donate, drink plenty of fluids, especially in warm weather.

In the 3 hours before:

- Drink 750 mL of fluids
- Have something savoury to eat
- Avoid strenuous exercise.

Afterwards, spend at least 15 to 20 minutes in the refreshment area.

For 8 hours after:

- Drink plenty of fluids
- Avoid alcoholic and hot drinks
- Avoid standing for long periods
- Avoid getting overheated.

For at least 12 hours, avoid strenuous or hazardous activities, including jobs where public safety may be affected.

You should check any employment or safety requirements you have. If unsure, please discuss at your interview.

If you feel faint:

- Lie or sit down with your head between your knees
- Ask for help
- If you're driving, pull over, park, lay your seat back and call for assistance. **Do not continue driving.**

Bruising

Small bruises are not uncommon and generally resolve in a few days. Larger bruises, which may be uncomfortable, occur once in every 300 donations. To reduce the risk:

- Keep the bandage on for 2 hours
- Minimise lifting or carrying with your donation arm for 24 hours.

If you develop a bruise, an ice pack and/or pain reliever may help. If you bleed, apply pressure and raise your arm.

Iron levels

Blood donation can cause low iron (iron deficiency), particularly in:

- frequent whole blood donors
- women of child-bearing age.

Low iron may cause tiredness, difficulty concentrating and low haemoglobin (anaemia).

We check haemoglobin before each donation, but not iron. Haemoglobin can be normal in early iron deficiency.

We recommend:

- A healthy, iron-rich diet
- Women 18-45 take iron after each whole blood donation
- Women trying to become pregnant build healthy iron levels for the increased requirements of pregnancy.

Speak with your doctor before donating if you're concerned about iron or how often to donate. For more information ask our staff or visit donateblood.com.au

Rare complications may occur in 1 in every 1,500 donations and include:

- Nerve irritation
- Local infection or clot
- Insertion of the needle into an artery.

Testing your donation

To ensure patient safety, we test all successful donations for hepatitis B, hepatitis C and HIV (AIDS virus). We test some donation types for HTLV and syphilis.

If your results are significantly abnormal, we'll notify you using the contact details you provided.

You can change your mind about donating any time. Just tell a staff member.

If you learn of any reason why your blood shouldn't be used, please call us on 13 14 95. In particular, notify us immediately if you:

- Develop a cough, cold, diarrhoea or other infection within a week of donating, or
- Are diagnosed or hospitalised with a serious infection within 2 months of donating.

Remember, our staff are trained to deal with any potential problems and are here to help. If you have any questions or concerns, or you feel unwell, please ask a staff member.

If you feel unwell, or are concerned after your donation call us on **13 14 95** or see your doctor.

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A New and returned donors

Please complete this section only if:

- you are a new donor, or
- you have not donated within the last 2 years.

Otherwise, proceed to **section B**.

Please complete using blue or black ink (not pencil) by placing a cross or a tick in the relevant box.

A1	Have you ever volunteered to donate blood before?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	A1a. If yes – where? _____ When? _____				
A2	Have you ever been advised not to give blood?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A3	Have you ever had:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	• Anaemia or any blood disorder?				
	• A serious illness, operation or been admitted to hospital?				
A4	Have you ever been pregnant (including miscarriage and termination of pregnancy)?	I am male	<input type="checkbox"/>	Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
	A4a. If your answer is “Yes” – have you been pregnant in the last 9 months?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A5	Have you ever had:				
	• A head injury?				
	• Stroke or epilepsy?				
	• Heart or blood pressure problems, or chest pain?				
	• Rheumatic fever or a heart murmur?				
A6	Have you ever had:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	• Bowel disease?				
	• Stomach or duodenal problems or ulcers?				
	• Kidney or liver problems?				
	• Lung problems including tuberculosis (TB)?				
A7	Have you ever had:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	• Diabetes?				
	• A thyroid disorder?				
	• An autoimmune disease e.g. rheumatoid arthritis or lupus?				
A8	Have you ever:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	• Had cancer of any kind including melanoma?				
	• Received a transplant or graft (organ, bone marrow, cornea, dura mater, bone, etc.)?				
A9	Have you ever had:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	• Jaundice (yellow eyes/skin) or hepatitis?				
	• Malaria, Q fever, leptospirosis or Chagas’ disease?				
A10	Have you ever had treatment with the medication TIGASON (Etretinate) or NEOTIGASON (Acitretin)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A11	Have you had a neurosurgical procedure involving the head, brain or spinal cord between 1972 and 1989?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A12	Have you received injections of human growth hormone for short stature or human pituitary hormone for infertility prior to 1986?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A13	What was your country of birth? _____				
A14	Have you ever been outside Australia?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If your answer to question 14 is ‘No’ please go straight to Section B on the next page.

A15	Have you spent a continuous period of 6 months or more outside Australia at any stage of your life?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A16	Have you been outside Australia in the last 3 years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	A16a. If your answer is “Yes” – Have you been in Papua New Guinea (PNG) in the last 3 years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A17	Have you ever received a transfusion or injection of blood or blood products outside Australia?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A18	From 1 January 1980 through to 31 December 1996 inclusive, have you spent (visited or lived) a total time which adds up to 6 months or more in England, Scotland, Wales, Northern Ireland, the Channel Islands, the Isle of Man, or the Falkland Islands?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

B Medical questionnaire

All donors please complete this section

Please complete using blue or black ink (not pencil) by placing a cross or a tick in the relevant box.

B1	Are you feeling healthy and well?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B2	Did you have any side effects after leaving the donor centre after your last donation?	This is my first donation	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
B2a.	If your answer is "Yes" – did you report this to Australian Red Cross Lifeblood?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B3	Are you allergic to the antiseptic chlorhexidine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B4	What is your weight? _____ kg		
	Note: If you're unsure, please weigh yourself on the scales provided.		
B5	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, operating heavy machinery, underwater diving, piloting a plane or other activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B6	In the last week, have you:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Had dental work, cleaning, fillings or extractions?		
	• Taken any aspirin, pain killers or anti-inflammatory preparations?		
	• Had any cuts, abrasions, sores or rashes?		
B7	In the last week, have you had a gastric upset, diarrhoea, abdominal pain or vomiting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B8	Since your last donation, have you – or if you're a new donor, have you in the last 12 months:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Been unwell?		
	• Seen a doctor or any health care practitioner?		
	• Undergone any tests/investigations?		
	• Had an operation/surgical procedure?		
B9	Since your last donation, have you – or if you're a new donor, have you in the last 12 months – had chest pain/angina or an irregular heartbeat?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B10	Since your last donation, have you – or if you're a new donor, have you in the last 12 months:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Had shingles or chickenpox?		
	• Had any immunisations/vaccinations (including as part of a clinical trial)?		
B11	Since your last donation, have you – or if you're a new donor, have you in the last 12 months – had a sexually transmitted infection e.g. syphilis, gonorrhoea or genital herpes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B12	Since your last donation, have you – or if you're a new donor, have you in the last 12 months – taken or used any medication, including:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Regular or clinical trial medication?		
	• Acne or other skin condition medications?		
	• PrEP (pre-exposure prophylaxis) to prevent HIV infection?		
	• Injectable medications?		
B13	Do you know anyone in your family who had or has:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Creutzfeldt-Jakob disease (CJD)?		
	• Gerstmann-Straussler-Scheinker syndrome (GSS)?		
	• Fatal familial insomnia (FFI)?		

If you have completed Section A today, please go to Section C on the next page.

B14	Have you been in Papua New Guinea (PNG) in the last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B15	Since your last donation, have you been outside Australia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B16	Since your last donation, have you received a transfusion or injection of blood or blood products?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B17	Since your last donation, have you been pregnant (including miscarriage and termination of pregnancy)?	I am male <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
B17a.	If your answer is "Yes" – have you been pregnant in the last 9 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

C Donor declaration

All donors please complete this section

Please complete using blue or black ink (not pencil) by placing a cross or a tick in the relevant box.

C1	To the best of your knowledge, have you EVER thought you could be infected with HIV or have AIDS?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
C2	To the best of your knowledge, have you EVER had a test which showed you had hepatitis B, hepatitis C, HIV or HTLV?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
C3	To the best of your knowledge, in the last 5 years have you “used drugs” by injection or been injected with drugs not prescribed by a doctor or dentist?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
C4	In the last 12 months have you had an illness with both a rash AND swollen glands, with or without a fever?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
C5	In the last 12 months have you had sexual activity with a new partner who currently lives or has previously lived overseas?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
C6	In the last 12 months have you been imprisoned in a prison or been held in a lock-up or detention centre?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
C7	In the last 12 months have you had a blood transfusion?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
C8	In the last 12 months have you had (yellow) jaundice or hepatitis or been in contact with someone who has?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
C9	In the last 4 months have you been injured with a used needle (needlestick)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
C10	In the last 4 months have you had a blood/body fluid splash to eyes, mouth, nose or to broken skin?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
C11	In the last 4 months have you had a tattoo, body and/or ear piercing or acupuncture?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
C12	In the last 3 months have you engaged in sexual activity with someone who: <ul style="list-style-type: none"> • You think could be infected with HIV or have AIDS? • Had a test which showed they had hepatitis B, hepatitis C, HIV or HTLV? • Ever “used drugs” by injection or been injected, even once, with drugs not prescribed by a doctor or dentist? • Had an illness with both a rash AND swollen glands, with or without a fever? 	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
C13	In the last 3 months have you had sex (with or without a condom) with a man who you think may have had oral or anal sex with another man?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
C14	In the last 3 months have you had male to male sex (that is, oral or anal sex) with or without a condom?	I am female <input type="checkbox"/>	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
C15	In the last 3 months have you been a male or female sex worker (i.e. received payment for sex in money, gifts or drugs)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
C16	In the last 3 months have you engaged in sexual activity with a male or female sex worker?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

C Donor declaration (continued)

Please print:

Surname/family name _____ Given name _____

Date of birth / /

How your information will be used

Your information will be:

- used to:
 - assess your eligibility to donate blood,
 - ensure the safety of both donors and recipients,
 - contact you for future donations, and
 - assist with research including improving the safety of transfusion and donation;
- treated as confidential and held in compliance with the Privacy Act 1988 (Cth), State/Territory health records legislation and Lifeblood's Privacy Policy. Our Privacy Policy explains how we collect, use, store and disclose your personal information; how you may access or seek correction of your personal information; how to make a complaint about a breach of your privacy, and how we will handle that complaint.

Our Privacy Policy is available at donateblood.com.au

How your blood will be used

Thank you for your special gift of blood.

Here's how your blood donation will be used:

- Most of the time, we'll use your donation to help people who are unwell. This may include the supply of plasma from your donation to CSL Behring who is contracted by the Australian government to manufacture plasma-derived medicines for Australians.
- Your donation may be used by Lifeblood or other approved organisations for the purposes of research, teaching and checking quality.
- We may supply some red cells from your donation for the production of red cell testing kits which are used by hospitals, pathology services and blood banks in Australia to assist in the correct matching of blood for transfusions.
- A part of your donation will also be stored in our Blood Sample Archive for possible future testing and research; samples that are no longer required will be destroyed.

Approval from an appropriate Human Research Ethics Committee is required before any research is undertaken on any part of your donation.

Occasionally we may ask you to undergo follow-up tests which you have the option to decline.

Declaration

- I agree for my donation to be used for the purposes set out above;
- I have been provided with, read and understood "Important information for a safe, comfortable donation" and had the opportunity to ask questions;
- I accept the risks associated with blood donation and agree to follow the instructions of Lifeblood staff to minimise these risks;
- I agree to notify Lifeblood if, after my donation, I become aware of any reason why my donation should not be used;
- I declare that I have understood the information on this form and answered the questions honestly and to the best of my knowledge; and
- I understand there are penalties, including fines and imprisonment, for providing false and misleading information.

This declaration is to be signed in the presence of a Lifeblood staff member.

Donor signature _____ Date / /

Staff witness (please print)

Surname/family name _____ Given name _____

Signature _____ Date / /

Donation number _____

Office use only NOTES – please make all annotations clear. Please initial and date.