ISBT SAMPLE

CYPRUS BLOOD ESTABLISMENT
MINISTRY OF HEALTH

ENT-AIM-04E

The sincerity and correctness of your answers to this questionnaire are very important for your health and the health of the recipients of your blood products.
We ensure you that all the medical information as well as your personal data that you are about to reveal answering the following questions are all kept confidential.

PERSONAL INFORMATION OF BLOOD DONOR

Identity Card number ______ Date of birth ______

Surname ______ Name ______ Father's name ______

Address ______ Postal code ______

Email ______ Tel number(s) ______ ______ Occupation ______

A. BLOOD DONATION DETAILS

A1	Blood group A ☐ B ☐ O ☐ AB ☐ Rh (+) ☐ Rh (-) ☐	
A2	Are you a Thalassemia trait carrier? YES ☐ NO ☐	
A3	Have you donated blood before? YES ☐ NO ☐	A4 Date of last donation ______
A5	Blood donation drive ______	

B. WAY OF LIVING

	Question		
B1	Were you born or lived abroad for a continuous period of over 6 months?	YES ☐ COUNTRY ______	NO ☐
B2	Have you travelled abroad in the last 6 months?	YES ☐ COUNTRY ______ PERIOD ______	NO ☐
B3	During the last 12 months has your sexual behaviour been careful and protected from sexually transmitted diseases? (This states that you have the same sexual partner for the past 12 months or in case of multiple partners you have taken all the necessary precautions)	YES ☐	NO ☐
B4	Have you ever taken intravenous drugs or any other substances without medical prescription?	YES ☐	NO ☐
B5	Have you consumed alcoholic beverages during the last 8 hours?	YES ☐	NO ☐

C. HEALTH

	Question		
C1	Have you ever been deferred from blood donation?	YES ☐	NO ☐
C2	Do you feel well today?	YES ☐	NO ☐
C3	In the past week have you visited a doctor or a dentist?	YES ☐	NO ☐
C4	In the last year have you had any medical operation or any other invasive procedure (e.g. gastroscopy, colonoscopy, coronary angiography)?	YES ☐	NO ☐
C5	In the last year does any of the following apply: Pregnancy, childbirth, breastfeeding?	YES ☐	NO ☐
C6	To be answered from women: How many pregnancies have you had including miscarriages? ______		
C7	In the past week have you taken any medication, even aspirin? Please elaborate ______	YES ☐	NO ☐
C8	Have you ever had long-term medical treatment? Please elaborate ______	YES ☐	NO ☐
C9	Have you ever encountered a serious medical problem, a serious illness or a chronic disease? ______	YES ☐	NO ☐
C10	Have you ever encountered an epileptic crisis, loss of consciousness, or panic attacks?	YES ☐	NO ☐
C11	Do you have G6PD enzyme deficiency ? (Allergy to broad beans, aspirin, naphthalene)?	YES ☐	NO ☐

D. RISK OF TRANSMITTING INFECTIOUS DISEASES

During the last 4 weeks					
D1	Have you had any disease, infection, flu, or fever of unknown origin?	YES	☐	NO	☐
D2	Were you vaccinated?	YES	☐	NO	☐
During the last 6 months					
D3	Have you had acupuncture, tattoo or piercing?	YES	☐	NO	☐
D4	Did you encounter a mishap with a medical needle or did you come in contact with another person's blood ?	YES	☐	NO	☐
D5	Have you been transfused with any blood products?	YES	☐	NO	☐
Have you ever in your life					
D6	Had been diagnosed with hepatitis B or C, syphilis, malaria or any other highly contagious disease?	YES	☐	NO	☐
D7	Come in close contact with a person infected with hepatitis B or C, or AIDS (HIV virus)?	YES	☐	NO	☐
D8	Considered donating blood only to be tested for sexually transmitted diseases?	YES	☐	NO	☐
D9	Had transplantation of cornea or hard meninges?	YES	☐	NO	☐
D10	Been given growth hormone or gonadotropin?	YES	☐	NO	☐
D11	Had anyone from you family or from you wide environmental circle suffering from Creutzfeldt-Jakob disease (mad cow disease)?	YES	☐	NO	☐
D12	Been transfused with any blood products in the United Kingdom?	YES	☐	NO	☐

PERSONAL STATEMENT

I hereby declare that I am aware of all the necessary information and I was able to submit questions and receive the appropriate answers. I accept the blood donation procedure and I allow the testing of my blood unit for infectious diseases. I declare that the products from my blood donation are in the disposal of the Cyprus Blood Establishment for transfusion to whoever is deemed necessary. I answered all the questions honestly and, on the basis of my knowledge, I confirm that all the information I gave are accurate.

DATE ____________________ SIGNATURE OF BLOOD DONOR ____________________

FOR INTERNAL USE

Haemoglobin ____________________ (gr/dl) Signature ____________________

BLOOD DONATION CATEGORY

VOLUNTARY ☐ AUTOLOGOUS ☐ THERAPEUTIC BLEEDING ☐ APHAERESIS ☐

Arterial blood pressure (Syst/Diast) ____________________ mm/Hg

Body temperature ____________ °C Body weight ____________ Kg

APPROVED ☐ DEFERRAL: PERMANENT ☐ TEMPORARY ☐ PERIOD ☐

Comments: ____________________

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Adverse Reactions ____________________

DATE ____________________ DOCTOR'S SIGNATURE ____________________

FOR OFFICIAL USE — SIGNATURES OF ACCORDING STAFF

Registry ____________________

Venipuncture ____________________

Interruption of procedure ____________________

2nd venipuncture ____________________

Interruption of procedure ____________________

Labelling ____________________

Needle aphaeresis ____________________

Amount of blood collected ____________________

Needle removal ____________________

Amount of blood collected ____________________