Lebanese Committee of Blood Transfusion

REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH

WHOLE BLOOD DONOR QUESTIONNAIRE

The following questions are important for your safety and the safety of the patient receiving your blood. Please read and answer honestly and accurately each one of them. We appreciate the sensitive nature of these questions. Your answers will be kept confidential.

Family Name :	First Name:	Middle Name :
Date of Birth :	Nationality:	Sex : Male Female
Address :	Phone number:	E-mail :
ID type :	ID number :	Relative : Yes No
Donation Type: Volunteer Yes No	Directed for patient :	
Blood product number :	Donor number :	
Physical Examination *(To be filled by blood bank staff only)*		
General appearance :	Weight (kg) :	Temp (max. 37.5C) :
Blood pressure (systolic <l50 mmHg /diastolic 50 to 100 mmHg):		Pulse (50-100/min) :
Needle marks on arms : Yes No	Skin lesions : Yes No	Hemoglobin/Ht :
Questionnaire review/ Physical examination by :		

Questions	Yes	no
l. Are you feeling healthy and well today?		
2. Are you currently taking antibiotic or any other medication for an infection?		
3. Are you currently taking or have you ever taken any medication for any reason? If yes list:		
4. In the past 4 hours, have you eaten?		
5. In the past 48 hours, have you donated platelets. plasma or leukocytes?		
6. In the past 7 days, have you had any tooth extraction?		
7. In the past 28 days, have you had any fever, infection including diarrhea, urinary or respiratory tract?		
In the past 8 weeks:		
8. Have you had any vaccinations or other shots?		
9. Have you donated whole blood?		
In the past 12 months have you:		
10. been pregnant or are you pregnant now? (Female donor only; males check: I am male)		
11. Had a surgery, endoscopy or other invasive procedure?		
12. Had a blood/blood component transfusion?		
13. Had a transplant such as organ, tissue, or bone marrow?		
14. Had a graft such as bone or skin?		
15. Come into contact with someone else's blood?		
16. Had accidental needle-prick?		
17. Had a tattoo?		
18. Had an ear or body piercing?		
19. Had a dog bite and been given Rabies vaccine?		
20. Had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus?		
21. Had sexual contact with a prostitute or anyone else who takes money or drugs or other payment for sex?		
22. Had sexual contact with anyone who has ever used needles to take drugs, steroids, or anything NOT prescribed by a doctor?		
23. Had sexual contact with anyone who has hemophilia or has taken clotting factor concentrates for bleeding problems?		
24. Female donors only: had sexual contact with a male who has ever had sexual contact with another male? (males check: I am male)		
25. Had sexual contact with a person who has Hepatitis or yellow jaundice?		

Questions	Yes	No
26. Lived or had close contact with a person who has Hepatitis or yellow jaundice?		
27. Been given Hepatitis B Immune Globulin (HBIG)?		
28. Had or been treated for Syphilis or Gonorrhea?		
29. Been in Juvenile detention, jail or prison for more than 72 hours?		
30. In the past three years, Have you been outside Lebanon? If yes, where? ------------------		
31. From 1980 through I996, did you spend time that adds up to 3 months or more in the United Kingdom?		
32. From 1980 to the present, have you Received a blood transfusion in Europe?		
33. From I977 to the present, have you, received money, drugs or other payment for sex?		
34. From I977 to the present, have you, had sexual contact with another male, even once. (Male donors only; Females check: I am female)		
Have you ever:		
35.Been to or lived in any endemic country for malaria?		
36. Had a positive test for the HIV/AIDS virus?		
- unexplained weight loss of 5 Kg or more?		
- cough, shortness of breath or diarrhea that would not go away?		
- unexplained fever?		
- red or purple lumps on or under your skin in the past 6 months?		
- white spots or unusual blemishes in the mouth that would not go away?		
37. Used needles to take drugs, steroids or anything NOT prescribed by your doctor?		
38. Had a bleeding condition or a blood disease?		
39. Used clotting factor concentrates for bleeding problems?		
40. Had head or brain surgery? (if received a Dura Mater or brain covering graft)		
41. Received Growth Hormone?		
42. Had any relative who had Creutzfeldt-Jakob disease?		
43. Had convulsions, seizures since infancy?		
44- Had Hepatitis (liver disease) or yellow jaundice or had a positive test for Hepatitis?		
45. Had Malaria?		
46. Had any type of cancer. including leukemia?		
47. Had any respiratory disease, chest pain, heart or lung problems?		
48. Are you giving blood because you want to be tested for HIV/AIDS virus?		
49. Are you aware that if you have any viral infection, you can give it to someone else even though you may feel well and have a negative test?		
50. Have you read and understood all the donor information presented to you and have all your questions been answered?		
51. May we contact you in case a patient requires blood?		

I, the undersigned, ... certify that the medical history I have provided is true and accurate to the best of my knowledge. I have read and understood the educational materials on high risk behavior and I perceive myself NOT at increased risk for the transmission of AIDS or other infectious diseases. I hereby grant permission to withdraw whole blood from me and test it as deemed necessary. If, for any reason, I feel that my blood is not safe enough to be transfused; I will notify the collecting facility.

I fully understand and accept that I must remain for 10 minutes in the blood bank premises after donating whole blood. If I leave before the interval of 10 minutes, I understand it is against medical advice and any ensuing consequences are under my full responsibility.

Donor's signature .... Date ....

Phlebotomy time: ....Volume collected: ....

Phlebotomy by ....Signature ....