

### Donor History Questionnaire

**Name in block letters:**..... **Gender:**.....  
**Date of birth:**..... **Nationality:**..... **ID:**.....  
**Address:**..... **Occupation:**..... **Mobile No:**.....  
**Telephone No (Office):**..... **Donor no:**..... **Location:**.....  
**Need Card:** Yes  No   
**Donor type:** Whole blood  Plateletpheresis donor

**First time donor**  **Regular donor**  **Relative donor**  **Unit no:-**

**If relative,** Pt's health card no:.....  
Hospital:.....

Hb	gm/dl	B.P	mmHg	Pulse	/min	Temperature	°C
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*Please fill in the below questionnaire:*

	Yes	No
1. Are you feeling well today?		
2. Have you come for the purpose of being tested for HIV?		
3. Have you read and understood the educational materials?		
4. Have you had alcohol in the last 12 hours?		
5. Have you ever been deferred or refused as a blood donor?		
6. Are you currently taking an antibiotic or medication for an infection?		
7. Have you taken aspirin or aspirin containing medication in the last 36 hours?		
8. Have you been to the dentist in the past 72 hours?		
9. Have you donated whole blood, platelet or plasma in the past 12 weeks?		
<b><i>In the past 12 months, have you-</i></b>		
10. Received vaccination or other injections?		
11. Had a blood transfusion or organ, tissue or bone marrow transplant?		
12. Had a major surgery?		
13. Had a body piercing or tattoo?		
14. Had an accidental needle stick injury?		
15. Had or treated for syphilis or gonorrhoea?		
16. Been in juvenile detention, lockup, jail or prison for more than 72 hours?		
<b><i>From 1980 through 1996,</i></b>		
17. Did you spend time that adds up to three (3) months or more in the United Kingdom?		
<b><i>From 1980 to the present, did you</i></b>		
18. Spend time that adds up to five (5) years or more in Europe?		
19. Receive a blood transfusion in the United Kingdom or France?		
<b><i>Travel questions-Have you been</i></b>		
20. In the past 12 months out of the country(UAE) ?If yes please name the country visited-		
21. To any country in the past 6 months known to have epidemic for West Nile Disease?		
<b><i>General Health Questions: Have you ever-</i></b>		
22. Had hepatitis, Malaria, West Nile Fever or Chaga's Disease?		
23. Used clotting factor concentrate or pituitary derived growth hormone or Dura mater transplant?		
24. Had any type of cancer, bleeding disorder, G6PD or thalassemia?		
25. Had any of your relatives who had Creutzfeldt-Jacob disease (Mad Cow Disease)?		
26. Had diabetes, hypertension, gout, stroke, T.B, epilepsy or any heart or lung disease?		

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	Yes	No
27. Female donors: In the past 6 months, have you been pregnant or are you pregnant now?		
<b>Private questions-Have you:</b>		
28. Ever had a positive test for the HIV/AIDS virus?		
29. Received money, drugs or other payment for sex?		
30. Male donors: had sexual contact with another male?		
31. Used needles to take drugs, steroids or anything not prescribed by your doctor?		
32. Had sexual contact with anyone who was born /lived in Africa?		
33. In the past 12 months, had sexual contact with anyone who has-		
• HIV/AIDS or who has hepatitis?		
• Hemophilia or used clotting factor concentrates?		
• Lived with a person who has hepatitis?		
• Used needles to take drugs, steroids or anything not prescribed by doctor?		
• Female donors: had sexual contact with a male who had a sexual contact with another male?		
34. Do you understand that if you have the AIDS virus, it can be transmitted to someone else though you may feel and have a negative AIDS test?		
35. Do you understand that all confirmed tests for HIV are reported to Dubai Health Authority?		

**Dear donor,** your complete honesty in answering all questions is very important for the safety of the patients who receive your blood. All information you provide is confidential. If for any reason you feel that you are not prepared to be asked detailed questions about your private and personal life, you may say now and remove yourself from the donation process. If you realize after donation that your blood should not be used, notify DBDC immediately although your blood will still be tested.

**Written consent:**

I, the undersigned, am voluntarily donating my blood or blood component in Dubai Blood Donation Center, Dubai Health Authority. I hereby agree that my blood or blood component may be used in any way it seems advisable or for scientific purpose.

I understand that the tests and procedures used by the Dubai Blood Donation center in the collection of blood or blood products are recognized and safe. I therefore release the Dubai Blood Donation Center staff from any responsibility connected therewith from any and all untoward reactions resulting from the donation process.

I have read and understood the educational materials on high risk behavior. To the best of my knowledge, I am not at an increased risk for the transmission of AIDS or other infectious agents.

**Donor signature:**.....**Date:**.....

**Thank you for donating blood today!**

Signature of nurse:.....	Sig of phlebotomist: .....	Reviewed by:.....
Date:.....Time:.....	Date:.....Time:.....	Date:.....

**For further information please contact:**

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