

Blood Donation Application Form

National Blood Centre, Thai Red Cross Society

dd/mm/yr./...../.....

First Time Donor Repeat Donor (last donation >2 yr.) Regular Donor (last donation within 2 yr.)

Donor Age Criteria: If below 18 years old, letter of consent from parent or guardian is required.

Whole blood: 17-70 years old

Apheresis: 17-60 years old

- first-time donation, age must be lower than 60 years old
- age 65+ years old must have additional health evaluation

- first-time donation, age must be lower than 50 years old
- have experience on whole blood donation within 1 year

Name/ Surname: (Please write in block letters)

Previously used name:

CITIZEN ID / PASSPORT NUMBER

Date of birth/...../.....

Blood Donor ID Age Yr Weight..... Kg Height..... cm

Sex (biological) female male

Gender woman man transwoman transman

Present address Not changed Changed as follows:

Postal Code

Telephone/Mobile Emergency contact E-mail

Occupation: Student Gov. official, soldier, police or state enterprise worker Employee

Monk, priest Agriculturist Business Others.....

For Repeat and Regular Donors

Last donation: Whole Blood Apheresis

Apheresis, please specify: Red Cells Platelets Plasmapheresis Others

Complications of previous donation? No complication

Complications: Fainting Bruise Phlebotomy problem Others

Not allowed to donate due to: Low Hemoglobin Others

For Staff

Donor ID No. of Donations.....

Blood Group

Rh

For repeat donor, if donor ID card not available please fill in the followings:

First donation (dd/mm/yy)..... Place.....

Last donation (dd/mm/yy)..... Place.....

Blood pressure.....mm Hg

Pulse.....bpm normal abnormal

Heart/Lung normal abnormal

Temp.....°C pass not pass

Hb.....g/dL pass not pass

Deferred

On medication that affects platelet function

Under volume

High volume

Discarded

Unit Number

Remarks

Registrar..... Blood bag preparation staff..... Blood collector.....

Blood sample collector Rechecked by.....

Blood Donor Questionnaire

For safety of donors and recipients of blood transfusion, please provide truthful answer to this questionnaire. If you are not sure that your blood is safe, please refrain from donation.

<u>General health</u> You	Yes	No
1. feel well and healthy today.	<input type="checkbox"/>	<input type="checkbox"/>
2. sleep tight last night. (for at least 5 hours of sleep).....	<input type="checkbox"/>	<input type="checkbox"/>
3. take fatty food within the past 6 hours	<input type="checkbox"/>	<input type="checkbox"/>
4. have chronic disease or health problem. Please specify.....	<input type="checkbox"/>	<input type="checkbox"/>
5. currently taking medication for an infection in the past 7 days	<input type="checkbox"/>	<input type="checkbox"/>
6. taken aspirin, muscle relaxant, or pain killer..... in the past 48 hrs	<input type="checkbox"/>	<input type="checkbox"/>
7. regularly take medications, herbal medicine, or supplement food.	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify		
8. have drunk alcohol within 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>
9. have donated hematopoietic stem cells in the past 6 months.	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify <input type="checkbox"/> bone marrow <input type="checkbox"/> peripheral blood		
<u>Pregnancy and childbirth</u>		
10. Have you ever been pregnant or abortion?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you currently pregnant or breast-feeding?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. In the past 6 months, have you had given birth / abortion?.....	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sexual behavior</u> Do you.....		
13. have sexual contact with (can answer more than 1 item)		
<input type="radio"/> the same biological sex <input type="radio"/> opposite biological sex <input type="radio"/> no sexual contact	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> other sexual behavior (please specify)		
14. or your sex partner have sexual contact with anyone with the following characteristics? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- having more than one sex partners - sex worker/anyone who has taken payment for sex		
- having used non-prescribed drugs - having had HIV or other sexual transmitted diseases		
15. ever taken medication for treatment or prevention of HIV infection? (PrEP or PEP)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Conditions that might increase infection risk</u> Have you.....		
16. had any dental procedure including tooth filling, plaque removal in the past 3 days, or tooth extraction or root canal treatment in the past 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
17. had diarrhea in the past 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
18. had skin cosmetic procedures such as ear/body piercings, tattoo, and injection of various substances in the past 4 months?	<input type="checkbox"/>	<input type="checkbox"/>
19. had any minor surgery in the past 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
20. had any major surgery in the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
21. ever been sick and received any blood transfusion in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
22. had a transplant such as organ, tissue, or stem cells?	<input type="checkbox"/>	<input type="checkbox"/>
23. been stuck by bloody needle in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

For interviewer: this form must be used according to the Document for Blood Donor Health Screening, National Blood Centre, Thai Red Cross Society.

	Yes	No
24. had hepatitis after age of 11 years?	<input type="checkbox"/>	<input type="checkbox"/>
25. lived with a person who had hepatitis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
26. ever been tested positive for hepatitis viruses?	<input type="checkbox"/>	<input type="checkbox"/>
27. had malaria in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
28. traveled to an area with malaria in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
29. had influenza, dengue, chikungunya, Zika or COVID-19 in the past 1 month?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify.....		
30. had any vaccination or other shots in the past 2 months?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify.....		
31. had any serum injection for passive immunization in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
32. ever been intravenous drug user (IVDU)?	<input type="checkbox"/>	<input type="checkbox"/>
33. ever been imprisoned for more than 72 consecutive hours in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
34. had weight loss, fever, enlarged lymph node without apparent cause or ever tested positive for HIV/AIDS virus In the past 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
35. From 1980 through 1996, did you spend time that adds up to 3 months or more in the United Kingdom countries of England, Northern Ireland, Scotland and Wales?	<input type="checkbox"/>	<input type="checkbox"/>
36. From 1980 through 2001, did you spend time that adds up to 5 years or more in France or Ireland?	<input type="checkbox"/>	<input type="checkbox"/>
37. Do you have any skin lesions or rashes on your body?	<input type="checkbox"/>	<input type="checkbox"/>
38. Are you confident that your blood is safe for transfusion?	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that my answer to the questionnaire is truthful and confident that my blood is safe.

I therefore voluntarily donate my blood to National Blood Centre, Thai Red Cross Society, for the benefit of transfusion service and medical research*. I acknowledged that my blood donation will be subjected to testing for syphilis, hepatitis B and C, and HIV viruses. In addition, I was also informed that it could be manufactured for medicinal products and laboratory reagents which will be distributed to the hospitals for therapeutic and laboratory use.

I accepted the purposes for collecting, processing, using and disclosing the personal data for medical researches and transfusion services and you consent to having your information verified with other agencies under Thai Red Cross Society.

I have been informed of BENEFITS and RISKS associated with blood donation and I am willing to donate blood.

Signature.....Date.....

*Medical research for public interest that has been approved by research ethic committee of National blood centre or related organization (in accordance with the Thai Medical Council regulation on research and experiments on human subjects, BE 2525), or research project that will be announced.

Staff note (optional)

Signature of doctor/ staff

For more information about the Policy Personal Data Protection Policy

please visit: <https://english.redcross.or.th/personal-data-protection-act-b-e-2562-2019/> or QR-Code:

