

UNIT NO.

BARC HOSPITAL

REPLACEMENT / VOLUNTARY DONOR CARD

(Medical Division)

Donor's

Name in full :

Group Rh

Tel.: (Res)

(Off)

Age :	Sex :	Weight :	Height :	CHSS No :
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Address :	Occupation :	Division :	Section :

I AM DONATING BLOOD FOR :

Patients Name : _____ CHSS No.: _____ Ward No. _____ Unit _____

Please tick in the appropriate box (✓)

	Yes	No		Yes	No
1. Have you had any of the following disease :			6. Are you on medication ?		
a. Jaundice			7. Do you have high risk behaviour ? (Please turn overleaf for clarification)		
b. Malaria			8. In case you are woman :		
c. Diabetes			a. are your pregnant ?		
d. Tuberculosis			b. Have you a child less than 1 year of age ?		
e. Syphilis / Gonorrhea			c. Are you breast feeding ?		
f. Cardiac problem			9. Have you ever been deferred as a blood donor.		
g. Leprosy			10. Have you donated blood, if so, last date of donation.		
h. High blood pressure			11. Are you willing to donate in case of emergency?		
i. Bleeding tendency			12. Have you received blood transfusion in the past?		
j. Epilepsy			13. Have you read and understood all the information presented to you and have answered all your questions?		
k. Cancer					
2. Do you have fever/common cold/other viral infection.					
3. Do you take alcohol? If yes, then frequency.					

4. Have you had any major surgery within one year ?

5. Have you had vaccination within one year ?

A. I hereby grant permission to the BARC Hospital Blood Bank to draw 350ccs of blood from me to be used, tested, in such as the Blood Bank may deem desirable. The medical history furnished is true and accurate to the best of my knowledge.

B. I have not donated blood in the last 3 months, I am in good health.

DONORS SIGNATURE

Date donated :

SCREENING										Temp	Screened by	Blood drawn
Dt	Hb	Anti AB	Anti A	Anti B	Anti D	Summary Group	Rh	BP	OC			by

Reason for Rejection :

Pulse

INFORMATION ABOUT AIDS

AIDS is Acquired Immuno Deficiency Syndrome, caused by Human Immuno-deficiency Virus 1/2. Blood from a person infected with the HIV Virus is likely to infect any other person receiving that blood. Therefore, it is necessary to identify and exclude people with high risk of AIDS from blood donation. These questions are being asked for the same reason.

1. Have you ever had the following symptoms?
Night Sweats, unexplained fever, unexpected weight loss, persistent diarrhoea, generalized lymphnode enlargement, unusual skin lesions especially purple lumps under the skin.
2. Have you had intimate or sexual contact with an individual at increased risk for AIDS?
Individuals with increased risk from AIDS are the following :
 - (i) Men and women who have engaged in sex for money or drugs.
 - (ii) Past or present drug users.
 - (iii) Persons with haemophilia or related clotting factor disorders who have received clotting factor concentrates.

IF YOUR ANSWER TO THE ABOVE QUESTIONS IS YES, THEN YOU MUST NOT DONATE BLOOD. THIS IS BECAUSE IF YOU MAY HAVE THE AIDS VIRUS, YOU CAN GIVE IT TO SOMEONE ELSE EVEN THOUGH YOU FEEL HEALTHY. EVEN IF YOU HAVE HAD A NEGATIVE AIDS TEST, YOU SHOULD NOT DONATE BLOOD BECAUSE THERE IS A TIME EARLY AFTER EXPOSURE (WINDOW PERIOD), DURING WHICH THE TEST FOR HIV ANTIBODIES MAY NOT DETECT INFECTION.

IF YOUR ANSWER TO ANY OF THE ABOVE QUESTION IS YES AND YOU DO NOT WANT TO REVEAL IT IN WRITING, PLEASE CONVEY THE SAME TO THE BLOOD BANK DOCTOR CONFIDENTIALLY.

To make doubly sure that we do not use contaminated blood in transfusions, we also test every blood donation for the virus which cause AIDS HIV-Ag), for Hepatitis B (HBs Ag) and Syphilis (VDRL), Hepatitis C (HCV) However, as stated earlier medical history is very important as during the early phase of infection the tests are not positive.

Thank you for your co-operation. We need your generous assistance in saving lives.