

Australian Capital Territory

Blood Donation (Transmittable Diseases) Donor Form 2004

Disallowable Instrument DI2004—57

Approved Form AF2004-2

made under the

***Blood Donation (Transmittable Diseases) Act 1985, s 10(3)
(Approved Forms)***

I revoke disallowable instrument DI2003-255 and approved form AF2003-10 notified on the ACT Legislation Register dated 28 August 2003.

I approve the attached blood donation donor declaration.

This instrument commences on 3 May 2004.

Simon Corbell MLA
Minister for Health
29 April 2004



Australian Red Cross

BLOOD SERVICE

Donor Questionnaire

Welcome to a special, select group of people who care

Thank you for coming to give blood today. Your donation could save the life of someone or help them through an operation.

The Australian Red Cross Blood Service is committed to the provision of safe blood and blood products to those who need them.

The Donation Process

We are going to ask you to answer some questions about your general health to help us to decide firstly if it is safe for you to give blood, and if so, how we can best use your blood. All of these questions are important, though the reasons for some of the questions may be difficult to understand. Please discuss them with the member of staff who will be interviewing you. We are committed to keeping your answers and anything you tell us in the interview **CONFIDENTIAL**, in so far as we are able.

Even though there are a lot of questions, you need to answer them honestly and to the best of your ability. Answering these questions honestly is important because there are severe penalties including fines and/or imprisonment for false or misleading information.

All donations of blood are tested for the presence of hepatitis B and C, HIV (AIDS virus), syphilis and HTLV. Should your blood test positive or show a significant abnormal result you will be notified.

Complete using ink - not pencil. If you make a mistake, cross it out and initial the correction. Do not use liquid paper as this will invalidate the form and you will need to complete a new form.

On the Day

- Drink up! - have 3 or 4 glasses of water or juice in the hours before you donate.
- Eat! - have a good sized meal in the hours before donating.
- You should fill in the declaration section but *don't sign until you are interviewed!*

Privacy Statement

The personal information collected on this form allows ARCBS to register and retain you as a blood donor. All information collected will be handled in the strictest confidence in accordance with the Federal Privacy Act.

FOR MORE INFORMATION, PLEASE CALL **13 14 95**
OR VISIT **donateblood.com.au**



Australian Red Cross

BLOOD SERVICE

Blood donation is extremely safe

However, problems occasionally arise during or after a donation. These problems are not common but we are telling you about them so that if they ever occur, you will know some simple and appropriate steps to take.

Please note: All equipment used in blood collection is sterile, used once only and discarded.

How to avoid bruising

Try to limit use of the arm from which the blood was taken for the first 15 minutes after donating.

If you develop a bruise that causes discomfort, a mild pain reliever (not aspirin) or an icepack may help.

Please phone us if a troublesome bruise occurs. Such bruises are not common and we want to hear about them as we may be able to give helpful advice.

Bleeding from the needle site

If this happens after a donation has been collected:

- Lift your arm above your shoulder, keep your elbow straight and press on the bleeding site.
- Sit down and ask a staff member for assistance.

You can avoid bleeding by:

- Limiting the use of the arm for about 15 minutes.
- Being careful when using your arm to eat or drink and when putting on a jacket after donating.

Feeling faint

Fainting is due to a nerve reflex, which slows the pulse and lowers blood pressure for a short period.

If you feel dizzy, lightheaded, or unwell and are still on the donor couch, tell a staff member immediately.

- Rest for around 30 minutes or until you feel well again.
- Drink plenty of fluids.

If you feel faint after you have left the donor couch, sit or lie down as flat as possible rather than take the risk of falling.

If you have left the blood collection centre then follow the recommendations above. If you're driving, slow down and stop the car where it is safe to do so.

Reducing the chance of fainting

Make sure that you eat something in the 3 hours before donating and drink 4 glasses of water/juice prior to visiting the blood collection centre.

In warm weather, be prepared by having plenty of liquid in the 24 hours before donation.

- Avoid strenuous exercise and drink plenty of liquid (preferably non-alcoholic) in the few hours after your donation.
- If you have a naturally low blood pressure and feel faint when you stand up suddenly, please tell us.
- Are you very anxious? Please let us know. We can help you feel at ease.

Rare events

Rarely a donation needle may irritate a nerve under the skin. This may be painful but is normally only momentary. If this persists or you have any concerns, please speak to a member of the donor team, or if after leaving the venue you require medical attention, please contact a doctor and notify your local blood service.

Very rarely, donors may develop a fast pulse or a sensation of tightness in the chest. If this happens, tell a staff member immediately.

If you notice a problem after leaving the blood collection centre, contact a hospital or doctor so the problem can be assessed. Please contact us later and tell us what happened.

Keeping your blood healthy – iron stores

Blood is rich in iron, some of which is lost each time you donate. This is why we recommend 12 weeks between whole blood donations to allow the iron to be replaced.

We measure your haemoglobin each time you donate, but this is not a perfect indicator of iron levels.

As iron can be low and the haemoglobin test still acceptable, it is important that you have a diet containing plenty of iron, even if your haemoglobin is satisfactory. Please ask for our brochure titled "Why iron and haemoglobin are important".

After giving blood, please stay a while and have some refreshments.

Should you become aware of any reason why your blood should not be used for transfusion, please call us on **13 14 95**. In particular, if you develop a cough, cold, diarrhoea or other infection within a week after donating, please report it immediately.

> SECTION A — NEW AND RETURNED DONORS

Please complete this section only if:

- You are a new donor, or
- You have not donated within the last 2 years.

(otherwise proceed to Section B)

Please respond by placing a cross in the relevant box like this ☒. Do not circle.

Have you:

- | | | | |
|--|------------------------------|-----------------------------|----|
| 1. Ever volunteered to donate blood before? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NP |
| If yes – where? | | | |
| when? | | | |
| 2. Ever been advised not to give blood? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NP |
| 3. Ever suffered from anaemia or any blood disorder? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | A4 |
| 4. Ever had a serious illness, operation or been admitted to hospital? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | A5 |
| 5. Had a neurosurgical procedure involving head, brain or spinal cord between 1972 and 1989? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | A6 |
| 6. Ever received a transplant or graft (organ, cornea, dura mater, bone etc.)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | A7 |
| 7. Received injections of human growth hormone for short stature or human pituitary hormone for infertility prior to 1986? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | A8 |
| 8. Ever suffered head injury, stroke or epilepsy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | A9 |
| 9. Ever had a heart or blood pressure problem, rheumatic fever or heart murmur or chest pain? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B0 |
| 10. Ever had a bowel disease, stomach or duodenal problems or ulcers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B1 |
| 11. Ever had kidney, liver or lung problems including tuberculosis (TB)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B2 |
| 12. Ever had diabetes, a thyroid disorder or an autoimmune disease e.g. rheumatoid arthritis or lupus? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B3 |
| 13. Ever had cancer of any kind including melanoma? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B4 |
| 14. Ever had malaria, Ross River fever, Q fever, leptospirosis or Chagas' disease? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B5 |
| 15. Ever had (yellow) jaundice or hepatitis? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B6 |
| 16. Travelled or lived overseas in the last 3 years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B7 |
| 17. Ever spent more than 3 months in Central or South America? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B8 |
| 18. Ever had treatment with the medication TIGASON (Etretnate) or NEOTIGASON (Acitretin)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B9 |

SECTION B — MEDICAL QUESTIONNAIRE

ALL donors please complete this section

Please respond by placing a cross in the relevant box like this ☒. Do not circle.

Today:

- | | | | |
|--|------------------------------|-----------------------------|----|
| 1. Are you feeling healthy and well? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | C0 |
| 2. Women only – Are you pregnant or breast-feeding or have you been pregnant in the past 9 months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | C1 |

For safety reasons:

- | | | | |
|---|------------------------------|-----------------------------|----|
| 3. In the next 3 days, do you intend to participate in any activity which would place you or others at risk of injury if you were to become unwell after donating, such as: | | | |
| • Driving public transport, operating heavy machinery, underwater diving, piloting a plane or other activities? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | C2 |

In the last week have you:

- | | | | |
|---|------------------------------|-----------------------------|----|
| 4. Had dental work, cleaning, fillings or extractions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | C4 |
| 5. Taken any aspirin, pain killers or anti-inflammatory preparations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | C5 |
| 6. Had any cuts, abrasions, sores or rashes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | C6 |
| 7. Had a gastric upset, diarrhoea, abdominal pain or vomiting? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | C7 |

Since your last donation, have you:

Or if you are a new donor, have you in the last 12 months:

- | | | | |
|---|------------------------------|-----------------------------|----|
| 8. Been investigated or treated for any illness or had surgery? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | C9 |
| 9. Had chest pain/angina or an irregular heartbeat? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D0 |
| 10. Taken tablets for acne or a skin condition? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D1 |
| 11. Taken any other medication? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D2 |
| 12. Worked in an abattoir? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D3 |
| 13. Been overseas? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D4 |
| 14. Had a sexually transmitted disease e.g. gonorrhoea, syphilis or herpes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D5 |
| 15. Had any immunisations/vaccinations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D6 |
| 16. Had shingles or chickenpox? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D7 |

17. Do you know of anyone in your family who had or has:

- | | | | |
|--|------------------------------|-----------------------------|----|
| • Creutzfeldt-Jakob disease (CJD)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D8 |
| • Gerstmann-Straussler-Scheinker syndrome (GSS)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D8 |
| • Fatal Familial Insomnia (FFI)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D8 |

18. Have you lived in, or visited

- | | | | |
|---|------------------------------|-----------------------------|----|
| • England, Scotland, Wales, Northern Ireland, the Channel Islands, or the Isle of Man for a cumulative (total) period of six months or more, between 1st January 1980 and 31st December 1996 inclusive? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D9 |
|---|------------------------------|-----------------------------|----|

> SECTION C – DONOR DECLARATION

ALL donors please complete this section

Please respond by placing a cross in the relevant box like this ☒. Do not circle.

There are some people who MUST NOT give blood as it may transmit infections to those who receive it. To determine if your blood or blood products will be safe to be given to people in need, we would like you to answer some questions. These questions are a vital part of our efforts to eliminate diseases from the blood supply.

All donations of blood are tested for the presence of hepatitis B and C, HIV (the AIDS virus), HTLV and syphilis. If your blood test proves positive for any of these conditions, or for any reason the test shows a significantly abnormal result, you will be informed.

All of the questions are important to answer. Answer each question on the form as honestly as you can and to the best of your knowledge. There are penalties including fines and imprisonment for anyone providing false or misleading information.

To the best of your knowledge have you:

- | | | | |
|--|------------------------------|-----------------------------|----|
| 1. In the last 6 months, had an illness with swollen glands and a rash, with or without a fever? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | E1 |
| 2. Ever thought you could be infected with HIV or have AIDS? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | E2 |
| 3. Ever “used drugs” by injection or been injected, even once, with drugs not prescribed by a doctor or dentist? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | E3 |
| 4. Ever had treatment with clotting factors such as Factor VIII or Factor IX? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | E4 |
| 5. Ever had a test which showed you had hepatitis B, hepatitis C, HIV or HTLV? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | E5 |
| 6. In the last 12 months engaged in sexual activity with someone you might think would answer “yes” to any of questions (1-5)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | E6 |
| 7. Since your last donation or in the last 12 months, had sexual activity with a new partner who currently lives or has previously lived overseas? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | E7 |

Within the last 12 months have you:

- | | | | |
|--|------------------------------|-----------------------------|----|
| 8. Had male to male sex? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | E9 |
| 9. Had sexual activity with a male who you think might be bisexual? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | F0 |
| 10. Been a male or female sex worker (e.g. received payment for sex in money, gifts or drugs)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | F1 |
| 11. Engaged in sexual activity with a male or female sex worker? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | F2 |
| 12. Been injured with a used needle (needlestick)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | F3 |
| 13. Had a blood/body fluid splash to eyes, mouth, nose or to broken skin? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | F4 |
| 14. Had a tattoo (including cosmetic tattooing), skin piercing, electrolysis or acupuncture? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | F5 |
| 15. Been imprisoned in a prison or lock-up? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | F6 |
| 16. Had a blood transfusion? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | F7 |
| 17. Had (yellow) jaundice or hepatitis or been in contact with someone who has? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | F8 |

> SECTION C – DONOR DECLARATION (continued)

This declaration is to be signed in the presence of a Blood Service staff member.

(Please read the following statements)

Thank you for answering these questions. If you are uncertain about any of your answers, please discuss them with your interviewer.

We would like you to sign this declaration in the presence of your interviewer (a Blood Service staff member) to show that you have understood the information on this form and have answered the questions in the declaration to the best of your knowledge.

Your donation is a gift to the Blood Service to be used to treat patients, or in some circumstances, for teaching, research, quality assurance or the making of essential diagnostic reagents.

You may be asked by the Blood Service to undergo further tests. A part of your donation may be stored for future testing and research. Approval from the appropriate Human Research Ethics Committee must be obtained before any research is undertaken on blood samples.

Should you become aware of any reason why your blood should not be used for transfusion, please call us on **13 14 95**. In particular, if you develop a cough, cold, diarrhoea or other infection within a week after donating, please report it immediately.

Declaration

I agree to have blood taken from me under these conditions. I have been advised that there are some possible risks associated with donating blood and that I must follow the instructions of the Blood Service staff to minimise these risks.

Donor (please print)

Surname

Given Name

Date of birth
(DD/MM/YY)

Please sign in the presence of the interviewer

Signature

Date
(DD/MM/YY)

Witness (please print)

Donor identity verified ☐

Supplementary questions asked Yes ☐ N/A ☐

Surname

Given Name

Signature

Date
(DD/MM/YY)

Donation number