



Thank you for donating blood today!

[illegible]

RETURNING DONORS: Please complete all sections of the donor form except section 1.



D	D	M	M	Y	Y	Y	Y
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[illegible]WHITE ☐[illegible][illegible]

E-MAIL ADDRESS: (Complete in BLOCK LETTERS)

UNIT 1:	UNIT 2:
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FOR MORE INFORMATION, CALL 0800 01 2322 TOLL-FREE.

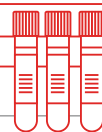
Section 2

How would you like us to remind you of your next donation? OPT-OUT ☐ E-MAIL ☐ SMS ☐ CELL ☐ PHONE ☐ SOCIAL MEDIA ☐

Where did you hear about us? WORD OF MOUTH ☐ INTERNET ☐ ADVERTISING ☐ EMPLOYER/SCHOOL ☐ OTHER ☐

How would you like to receive written communication regarding your blood test results? EMAIL ☐ POST ☐

Section 3



Please **MARK** your answers

Staff Comments

Q1. Will you be involved in any of the following?

Q1.1. Driving a public or heavy-duty vehicle, working on scaffolding or using large power tools today?	YES	NO	
Q1.2. Flying an aeroplane, skydiving, deep-sea diving or mountaineering in the next three days?	YES	NO	
Q1.3. Participate in endurance sports and major marathons such as Comrades or the Iron Man in the next month?	YES	NO	
Q1.4. Have surgery in the next 6 weeks?	YES	NO	

Q2. In the past 7 days:

Q2.1. Have you been to the dentist?	YES	NO	
Q2.2. Have you taken any painkillers, anti-inflammatories or aspirin?	YES	NO	
Q2.3. Have you had flu, sore throat, fever, or an infection?	YES	NO	

Q3. In the past 30 days:

Q3.1. Have you had continuous diarrhoea for more than 1 week?	YES	NO	
Q3.2. Have you had a vaccination or immunisation (inoculation)?	YES	NO	

Q4. In the past 3 months:

Q4.1. Have you had a blood transfusion or received blood products?	YES	NO	
Q4.2. Have you had acupuncture, kavady prayers or dry needling?	YES	NO	
Q4.3. Have you taken part in a drug/vaccine trial or any other clinical research?	YES	NO	
Q4.4. Have you had a severe asthma attack, a surgical procedure or been admitted to hospital?	YES	NO	
Q4.5. Have you injected yourself or been injected with body-building drugs, recreational or street drugs?	YES	NO	
Q4.6. Have you had a tattoo, body or ear piercing, or permanent make up applied?	YES	NO	
Q4.7. Have you had Raatib, ritual scarring, ritual piercing, ritual circumcision, blood sharing, or been stabbed?	YES	NO	
Q4.8. Have you had a needle-stick or skin-penetrating injury, eye-splash or skin contact with another person's blood?	YES	NO	

Q5. Have you ever had:

Q5.1. Heart, lung or circulatory problems?	YES	NO	
Q5.2. Epilepsy, convulsions or a stroke?	YES	NO	
Q5.3. Cancer, skin cancer or leukaemia?	YES	NO	
Q5.4. Diabetes, TB or kidney disease?	YES	NO	
Q5.5. Haemochromatosis ("high iron"), polycythaemia ("too much blood") or a bleeding disorder?	YES	NO	
Q5.6. Have you ever had a severe allergic reaction or any serious illnesses?	YES	NO	

Q6. Hepatitis:

Q6.1. Have you had jaundice, hepatitis, liver disease or tested positive for hepatitis after the age of 1-year?	YES	NO	
Q6.2. Have you been in contact or lived with anyone with hepatitis (jaundice) in the past 3 months?	YES	NO	

Q7. Malaria:

Q7.1. Did you grow up in a malaria area outside of South Africa?	YES	NO	
Q7.2. Have you been in a malaria area in the past 3 months?	YES	NO	
Q7.3. Have you had malaria in the past 3 years?	YES	NO	

Q8. Variant Creutzfeldt-Jacob disease (Mad Cow disease):

Q8.1. Have you ever had brain surgery, received a dura mater (brain covering) graft, or taken pituitary growth hormone?	YES	NO	
Q8.2. Have you ever received a tissue, cornea or organ transplant?	YES	NO	
Q8.3. Have you visited the United Kingdom on one or more occasions adding up to a total stay of 12 months or more between the years 1980 and 1996?	YES	NO	

Q9. Female donors:

Q9.1. Are you pregnant or undergoing fertility treatment?	YES	NO	
Q9.2. Have you had a baby, miscarriage or abortion in the past 3 months?	YES	NO	
Q9.3. Are you currently breastfeeding?	YES	NO	

Please Note: The following questions are of a sensitive nature. The term “sexual” includes oral, vaginal and anal sex with or without a condom.

Please **MARK** your answers

Staff Comments

Q10. Have you ever:

Q10.1. Tested positive for HIV?	YES	NO	
Q10.2. To the best of your knowledge had sexual contact with anyone who has tested HIV positive?	YES	NO	
Q10.3. Or do you now take anti-retroviral (ARV) medication, including pre- and post-exposure prophylaxis?	YES	NO	

Q11. In the past 3 months:

Q11.1. Have you started having sexual contact with a new partner?	YES	NO	
Q11.2. Have you had sexual contact with more than one partner?	YES	NO	
Q11.3. Have you had sexual contact with anyone who takes money, drugs or other favours for sex?	YES	NO	
Q11.4. Have you received money, drugs or other payment for sex?	YES	NO	
Q11.5. Were you sexually assaulted?	YES	NO	

Declaration

- I confirm that I am 16 years of age or older.
- I understand and accept the donation process and related risks, as explained to me.
- To the best of my knowledge, all the information I supplied is the truth, and I understand that if I have not answered these questions truthfully, it could endanger a patient and lead to legal proceedings against me.
- I have read and understood the pamphlet “Your blood saves lives”.
- I undertake to inform SANBS immediately should I think my blood is not safe for use.



Consent

- When you engage with SANBS, you trust us with Personal Information about yourself, including Special Personal Information relating to your health and sexual lifestyle. We are committed to protecting your right to privacy.
- The purpose of this Privacy Statement is to set out how we collect, use, store, share and otherwise process your Personal Information, in line with the Protection of Personal Information Act, 4 of 2013 (“POPI”). Defined terms such as “Personal Information”, “Process” and “Special Personal Information” have the meanings given to them in POPI.
- You have the right to object to the processing of your Personal Information and any information that you provide is entirely voluntary. However, it is important to note that SANBS requires your consent to Process your Personal Information in order for you to donate blood. If you do not consent and accept these terms and conditions, you will not be able to donate blood.
- SANBS will keep your Personal Information strictly confidential and will ensure that it takes appropriate reasonable technical and organisational measures to keep your Personal Information safe, secure and protected from unauthorised access.
- You agree that SANBS may Process your Personal Information for the following purposes:
 - to verify the accuracy, correctness, completeness of any information provided (or not) to SANBS in the course of the blood donation process and when completing the Donor questionnaire;
 - to examine and test any blood that you donate including testing for diseases and medical conditions such as HIV and testing your blood type;
 - to contact you and provide counselling if you test positive for HIV or another medical condition in accordance with applicable health legislation;
 - for administering blood drives and donations and the administration of blood to patients;
 - to contact you where you have specifically consented to receiving notifications and Marketing information about SANBS's blood drives, promotions, news or updates relating SANBS;
 - to conduct Market, statistical and academic research, (in terms of which any Personal Information has been de-identified and anonymised); and/or
 - to update and customise our blood donation drives.
- We will ensure that any third party with whom we share your Personal Information agrees to treat your information with the same level of protection and confidentiality, as we are obliged to. If a third party asks SANBS for any of your Personal Information, we will share it with them only if you have already given your consent for the disclosure of this information to that third party; or we have a legal or contractual duty to give the information to that third party.
- Your Personal Information may be shared with third parties such as our suppliers, phlebotomists, academics, laboratory officers and researchers. We ensure that the third parties will keep your Personal Information confidential and all data will be made anonymous to the extent possible and where appropriate. If we publish the results of any research, you will not be identified by name.
- We may in limited instances process your information using automated means (without human intervention in the decision-making process) to make a decision about where to allocate your blood.
- If you have consented to receiving Marketing communications from us where specified below, you agree that SANBS may keep you updated about blood drives, promotions, news, updates and new services that are made available from time to time. SANBS and contracted third-party service providers may communicate with you about these. Please let SANBS know if you do not wish to receive any Marketing communication by indicating on the Marketing Consent below or contacting our Information Officer using details below.
- You have the right to request that SANBS confirm what Personal Information SANBS holds about you free of charge. We will take all reasonable steps to confirm your identity before providing details of your Personal Information.
- You agree that SANBS may retain your Personal Information for as long as we may require it (for example to comply with statutory retention periods) until you ask us to delete or destroy it. You have the right to ask us to update, correct or delete your Personal Information, unless the law requires us to keep it. Where we cannot delete your Personal Information, we will take all practical steps to ensure its protection.
- SANBS may change this Privacy Statement at any time. The current version is available on <https://sanbs.org.za/>.
- If you believe that SANBS have used your Personal Information contrary to this Privacy Statement, you have the right to lodge a complaint with the Information Regulator, under POPI, but we encourage you to first follow our internal complaints process to resolve the complaint. Please contact our Information Officer at 011 761 9948 or send an email to Zimkitha.Songxaba@sanbs.org.za if you have any questions about how we process your Personal Information or if you have a complaint.
- Contact details for the Information Regulator: The Information Regulator (South Africa) | SALU Building | 316 Thabo Sehume Street Pretoria Tel: 012 406 4818 | Fax: 086 500 3351 | inforeg@justice.gov.za

When you sign this Consent Form, you confirm that you have read and understood the Privacy Statement and you consent and agree to be bound to the terms and conditions of this Privacy Statement.

Signed at _____ on _____ 20 _____

Full name _____ Signature _____

Research Consent

1. I understand that my data and unused blood donation may be stored at the SANBS Biorepository. I consent to the anonymous use of my data and donation for research purposes other than that aimed at improving blood safety as approved by the SANBS Human Research Ethics Committee.	YES	NO
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Marketing Consent

1. I consent to receive SANBS Marketing communication	YES	NO
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Donor's Name: Date of Birth: Signature:

For office use only. Medical Assessment

Blood Pressure:	Pulse Rate:	Pulse rhythm: Regular/Irregular	Weight:	Hb Screen:
Iron Tablets Issued: Yes/No	Batch No.:	Expiry Date:	If Not Issued, State Reason:	
Side Effects: Yes/No		If Yes, State Reported Side Effects:		
Medication:		Accept HIV Test: Yes/No		
Accepted: Yes/No	SAP Number:	Signature:		

Registration					Phlebotomy	
Date:					Pack Type:	
Time:					Needle 1 by SAP No.:	
Mnemonic:					Signature:	
Transfer:					Needle 2 by SAP No.:	
Category:	P	R	C	U	Signature:	
Blood Group:					Bleed Start Time:	
Donation Count:					Phlebotomy by SAP No.:	
SAP Number:					Signature:	
Signature:						
Discontinuation					Markers	
Bleed Duration:					Malaria Until:	
Volume:					Rare Donor:	YES/NO
Product:					For Plasma Use:	YES/NO
Discontinued by SAP No.:					For Platelet Use:	YES/NO
Signature:					Other:	
Adverse Events					Deferrals	
Severity:	Mild	Moderate	Severe		Deferral Reason:	
Faint:	Immediate Delayed None				Deferral Start Date:	
Accident:	YES/NO				Deferral End Date:	
Delayed Bleeding:	YES/NO				Pamphlet Issued:	
Haematoma:	YES/NO				Deferred by SAP No.:	
Citrate Reaction:	YES/NO				Signature:	
Other:						

Comments

Demographics by SAP No.:	Linked by SAP No.:
Signature	Signature