

1 BLOOD DONATION CAN SAVE UP TO 3 LIVES

Thank you for donating blood today!



NEW DONOR LABEL

DONOR NO.:

Your donation can save at least three lives. Because at the end of the day it's not just blood. It's life.

NEW DONORS: Please complete all sections of the donor form.

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



Section 1

SURNAME:

FIRST NAME:

TITLE:

FEMALE ☐

MALE ☐

DATE OF BIRTH:

D D M M Y Y Y Y

ID NUMBER:

ETHNIC GROUP: AFRICAN ☐

COLOURED ☐

INDIAN/ASIAN ☐

WHITE ☐

ADDRESS:

TELEPHONE:

CELLPHONE:

E-MAIL ADDRESS: (Complete in BLOCK LETTERS)

For office use only.




UNIT 1:

UNIT 2:

CAMPAIGNS AND GIFTS:

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 ☐

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

1. I confirm that I am 16 years of age or older.
2. I understand and accept the donation process and related risks, as explained to me.
3. 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.
4. I have read and understood the pamphlet "Your blood saves lives".
5. I undertake to inform SANBS immediately should I think my blood is not safe for use.



Consent

1. I consent to the testing of my blood for blood grouping, syphilis, hepatitis B, hepatitis C and HIV, as well as such extended testing that may be necessary to ensure the safety of the recipient.
2. I consent to being informed of any test results that are important to my health or affect my ability to donate blood, and to my test results and information being kept confidential and stored for 30 years by SANBS in a secure manner.
3. I consent to receiving medical care in the event of an adverse reaction, as deemed fit by SANBS.
4. I consent to my data and blood donation being used for research aimed at improving blood safety. I understand that my identity will always be protected.

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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Donor's Name:

Date of birth:

Signature:



For office use only.

Medical Assessment

Blood Pressure:	Pulse Rate:	Pulse rhythm: Regular/Irregular	Weight:
Hb Screen 1:		Hb Screen 2:	
Iron issued: Yes/No	Batch No.:	Expiry Date:	Side-Effects:
Medication:		Accept HIV Test: Yes/No	
Accepted: Yes/No	SAP Number:	Signature:	

