'Donate Blood Save life'	*"Blood should flow in veins, not in drains" – Nirankari Baba Ji*	Ek Tuhi Nirankar

SANT NIRANKARI BLOOD BANK

3rd Floor, Sant Nirankari Satsang Bhawan, Western Express Highway, Hanuman Road, Vile Parle (East), Mumbai – 400 057

Phone No: **+91-22-2619-5539** Mfg. Lic. No: **MH 004765**

Blood Group	Rh. Factor

Date:

CONFIDENTIAL

Hb%> 12.5gm%

BLOOD DONOR QUESTIONNAIRE & CONSENT FORM

Please answer the questions correctly. This will help to protect you and the patient who receives your blood.

(✔) Tick wherever applicable

First Name Middle Name Surname

Name : _____

Date of Birth: _____ Age: _____ ☐ Male ☐ Female

Occupation:_____Organization:_____

Address for communication:_____

_____

Telephone_____ Mobile _____ E-mail:_____

1) Have you donated previously? ☐ Yes ☐ No How many times ☐ Last Blood Donation Date ☐

2) Did you have any discomfort during/after previous donation …..... Yes No

3) Do you feel well today? …..... Yes No

4) Have you eaten in the last 4 hours?..... Yes No

5) Did you sleep well last night? …..... Yes No

6) Have you any reason to believe that you may be infected by either Hepatitis, Malaria, HIV/AIDS, Venereal disease? …..... Yes No

7) Has any of your family member had jaundice in the last 12 months? …..... Yes No

8) In the Last 6 months have you had any history of the following?

☐ Unexplained weight loss ☐ Repeated Diarrhea ☐ Swollen glands

☐ Continuous low-grade fever ☐ Persistent Cough ☐ **None of the above**

9) In the last 6 months have you had any of these? ☐ Tattooing ☐ Body Piercing ☐ **None of these**

10) Do you suffer from or have suffered from any of the following?

☐ Cancer/Malignant Disease	☐ Diabetes on Insulin	☐ Heart Disease
☐ Abnormal bleeding tendency	☐ Hepatitis B/C	☐ Kidney Disease
☐ Liver Disease	☐ Tuberculosis	☐ Asthma
☐ Epilepsy	☐ Leprosy	☐ Schizophrenia
☐ Endocine Disorders	☐ Lung Disease	☐ Sexually Trans Disease
☐ Jaundice (last 1 yr.)	☐ Typhoid (last 1yr.)	☐ Drug Allergy
☐ Malaria (6months)	☐ Fainting spells	☐ G.6PD Deficiency
☐ Hypertension	☐ Polycythemia Vera	☐ **None of the above**

11) Are you taking or have taken any of these in the past 72 hours?

☐ Antibiotics ☐ Aspirin ☐ Steroids ☐ Vaccinations (15days)

☐ Dog Bite /Rabies (immunolglobilino) vaccine (1yr.) ☐ **None of the above**

12) Is there any history of surgery / operation or blood transfusion in the past 12 months?

☐ Major Surgery ☐ Blood Transfusion ☐ **None of these**

13) Have you undergone Dental extraction or Dental surgery under anaesthesia …..... Yes No

14) Have you taken alcohol in last 24 hrs..... Yes No

15) **For Female donors**

a) Are you pregnant / Breastfeeding …..... Yes No

b) Have you had an abortion/MTP /Miscarriage in the last 3 months? …..... Yes No

c) Do you have a child less than one year old? …..... Yes No

d) Are you currently in your menstrual periods? …..... Yes No

CONSENT

I understand that -

a) Blood donation is a totally voluntary act; and no inducement or remuneration has been offered.
b) Donation of blood / components is a medical procedure; and that by donating voluntarily, I accept the risks associated with this procedure.
c) My blood will be tested for Hepatitis B, Hepatitis C, Malarial Parasites, HIV/AIDS and Veneral Diseases in addition to any other screening tests required to ensure blood safety.
d) The blood donated by me will be used in such a manner as the Blood Bank may deem desirable, and as per prevailing guidelines/regulations.

I would like to be informed about any abnormal test result : Yes No

The abnormal test result may be informed via :

☐ Letter at the address given ☐ Telephone ☐ Mobile ☐ E-mail

I have read and understood all the information presented and answered all the questions truthfully, as any incorrect statement or concealment may affect my health or may harm the recipient. ☐ Yes ☐ No

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I am aware that high risk sexual behaviour of Blood Donor may harm the patient. I have been informed about high risk sexual behaviour like sex with multiple partners, homosexuality, IV drug abuse and other high risk sexual behaviours. I do not fall under any of these high risk groups. Hence I am willing to donate.

Date : _____

Time : _____

_____
Donor's Signature

FOR BLOOD BANK USE ONLY

General physical Examination

Weight		Pulse		Hb	
BP		Temperature		Done by :	
				Donor Skin	

Veni Puncture Site Left Arm / Right Arm Accept ☐ Defer ☐

Reason of Deferral – Temporary / Permanent

Blood Bag Details :

Bag No.		Bag type	
Segment No.		Blood Volume (ml)	

Discomfort to Donor (if any) & action taken :

Phlebotomy Start Time :

End Time :

_____
Signature of Medical Officer

WEIGHT OF PRIMARY BAG - gms

Phlebotomy Done by :

Laboratory Report :

Blood Group :	ABO	Rh	Done by

Remarks