



# HONG KONG RED CROSS BLOOD TRANSFUSION SERVICE



## BLOOD DONATION REGISTRATION FORM

### **PART I: PRE-DONATION INFORMATION**

Thank you for coming to give blood today. Your donation could save and change the lives of the recipients. We sincerely request you to read our blood donation information thoroughly. **To protect your safety in giving blood and the safety of the recipients of your donation, it is vital that we review your suitability to donate today.** If you are uncertain about any questions in this form or in need of more blood donation information, please talk to our nurse on duty.

After donation, your blood will be stringently tested for, inter alia, blood groups and infectious diseases, before processed into blood products. Donations that meet all the quality and safety standards will be issued for patient use in Hong Kong. However, some will be selected for quality assurance testing, academic or medical research. In addition, it may be made available to patients outside Hong Kong for humanitarian considerations or if there is a genuine surplus to local needs.

Giving blood is not completely risk-free as adverse reactions may occasionally happen during blood donation. In general, these reactions are usually mild and short-lasting which include bruising, pain, inflammation, infection or skin allergy, dizziness or fainting after donation. In rare occasion, the needle puncture may cause damage to an artery, nerve or tendon at the needle site. For apheresis donation, a small proportion of donors might sometimes experience slight tingling sensation or numbness in fingers and around the mouth, muscle cramping etc. due to low calcium level during apheresis donation. In the event of adverse reactions, our nurse will provide on-site care and arrange referral to nearby hospital for treatment if necessary. For more details on blood donation (including apheresis donation), please refer to the ***Blood Donation Info Pack*** available at our donor centres and website before giving blood. You are also recommended to follow the instructions listed on the ***Post-Donation Advice*** given to you upon your donation.

We would use your contact information (name, address, phone number and email) provided in this form to keep you informed of blood donation activities. In addition, if your blood is tested positive for any of the infection, we shall inform you accordingly. Should you have any queries, please feel free to ask our nurse on duty.

## **SAFE BLOOD SAVE LIVES**

**NOT ALL BLOOD BORNE INFECTIONS CAN BE DETECTED BY LABORATORY TESTS. PLEASE HELP US ENSURE BLOOD SAFETY AND DO NOT PROCEED TO DONATE IF YOU SUSPECT THAT YOUR BLOOD MAY CARRY A POTENTIAL RISK OF INFECTION OR IF YOU WANT TO HAVE YOUR BLOOD TESTED.**

**FOR FREE HIV TESTING, PLEASE CONSULT YOUR DOCTOR OR CALL 2780 2211.**

If you find this blood donation registration form, please contact our staff at 2710 1333.

## PART II: HEALTH SCREENING AND INFECTION RISK ASSESSMENT

You are required to answer the following questions honestly by putting a "✓" in the correct box. If you do not understand any questions in this form or not certain how to respond, please leave the question blank and seek clarification from our nursing staff later. Our nurse will review your responses, answer your questions and discuss with you **IN CONFIDENCE** to determine if you can donate today. The information you disclose will be kept in strict confidence. Thank you.

General Health Screening	YES	NO	Staff Use
1. Are you feeling well enough to give blood today?			A1
2. Are you currently under a doctor's treatment, taking any medication (including herbal medicine) or awaiting test result?			A2
3. Have you ever been diagnosed of the following illnesses?			
• cardiovascular diseases (e.g. chest pain, hypertension)			A3a
• respiratory diseases (e.g. asthma)			A3b
• gastrointestinal or liver diseases (e.g. inflammatory bowel disease, hepatitis)			A3c
• blood diseases (e.g. bleeding problem, previously received clotting factor concentrates)			A3d
• cancers			A3e
• endocrine or metabolic diseases (e.g. diabetes, thyroid diseases)			A3f
• neurological diseases (e.g. loss of consciousness, epilepsy)			A3g
• mental disorders			A3h
• kidney or urogenital diseases (e.g. nephritis, kidney or bladder stones)			A3i
• autoimmune or rheumatological diseases (e.g. SLE, rheumatoid arthritis)			A3j
4. Have you ever been diagnosed of G6PD deficiency?			A4
5. Have you ever taken the following drugs?			
• aspirin or any drugs containing aspirin			A5a
• non-steroidal anti-inflammatory drugs			A5b
• drugs for hair loss			A5c
• drugs for benign prostatic hypertrophy			A5d
• drugs for acne			A5e
6. Have you ever had drug allergy? If yes, please specify: _____			A6
7. <b>For female only:</b>			
• Are you pregnant?			A7a
• Have you given birth/ had an abortion in the last 12 months?			A7b
• Have you ever received treatment for infertility?			A7c
8. Have you ever received organ or tissue transplant?			C4b

HIV/ AIDS, Hepatitis B and Hepatitis C Infection Risk Assessment	YES	NO	Staff Use
9. Have you been diagnosed of or suspected to have the following?			
• HIV infection/ AIDS			B1a
• Hepatitis B infection			B1b
• Hepatitis C infection			B1c
10. Have you ever taken any medication to <b>treat</b> HIV infection/ AIDS?			
11. Have you ever taken / injected any <u>medication</u> to prevent HIV infection/ AIDS? <i>Medication includes pre-exposure prophylaxis (PrEP) and/ or post-exposure prophylaxis (PEP).</i>			
12. <b>In the past 6 months</b> , have you			
• had <u>tattoo</u> , acupuncture, ear or body piercing, or contact with blood of another individual through percutaneous inoculation (e.g. needle stick injury) / open wound / mucous membranes? <i>Tattoo includes permanent and semi-permanent cosmetic tattoos, such as microblading of eyebrows, eyelines and lips etc.</i>			B3e
• received blood transfusion?			B3b
• used or injected yourself with narcotics or non-prescribed medication?			B3d
13. The questions below are related to your <u>sexual contact</u> . <i>Sexual contact refers to oral, vaginal or anal sex, with or without the use of condom.</i> <b>In the past 6 months</b> , have you			
• had sex with someone who had been diagnosed of HIV infection/ AIDS?			B4a
• taken money or drug for sex?			B4b
• had sex with someone who had taken money or drug for sex?			B4c
• had sex with someone who had used or injected narcotics or non-prescribed medication?			B4d
• <b>For male only:</b> had sexual contact with another man?			B4e
• <b>For female only:</b> had sexual contact with a bisexual man (one who has sexual contact with another man)?			B4f

Other Recent Infection or Vaccination Risk Assessment	YES	NO	Staff Use
14. <b>In the past 1 week</b> , have you had any dental procedure (including scaling, dental extraction, etc.), open wounds or skin lesions?			D1
15. <b>In the past 2 weeks</b> , have you had symptoms of flu, fever, headache, eye pain, muscle or joint pain, vomiting, enlarged lymph nodes or skin rash?			D2
16. <b>In the past 4 weeks</b> , have you			
<ul style="list-style-type: none"> <li>• had contact with someone with an infectious disease e.g. chickenpox, rubella, tuberculosis (TB)?</li> </ul>			D3a
<ul style="list-style-type: none"> <li>• had any vaccinations e.g. vaccination against Hepatitis A, Hepatitis B or tetanus?</li> </ul>			D3b
<ul style="list-style-type: none"> <li>• had diarrhea?</li> </ul>			D3c
17. <b>In the past 3 months</b> , have you travelled outside Hong Kong? If yes, please specify Destination(s): _____ Date of return to HK (DD/MM/YY): _____			D4
18. <b>In the past 12 months</b> , have you			
<ul style="list-style-type: none"> <li>• been bitten by any animal?</li> </ul>			D5a
<ul style="list-style-type: none"> <li>• undergone surgical operation (including endoscopic examination, treatment involving the use of catheters)?</li> </ul>			D5b
19. Have you been diagnosed of the following infectious diseases?			
<ul style="list-style-type: none"> <li>• Malaria</li> </ul>			D6a
<ul style="list-style-type: none"> <li>• Venereal disease</li> </ul>			D6b
<ul style="list-style-type: none"> <li>• Tuberculosis (TB)</li> </ul>			D6c
<ul style="list-style-type: none"> <li>• Glandular Fever</li> </ul>			D6d
<ul style="list-style-type: none"> <li>• Dengue Fever</li> </ul>			D6e
<ul style="list-style-type: none"> <li>• West Nile Virus infection</li> </ul>			D6f
<ul style="list-style-type: none"> <li>• Chikungunya</li> </ul>			D6g
<ul style="list-style-type: none"> <li>• Others, please specify: _____</li> </ul>			D6h

For Reference Only

Other Risk Factors Assessment	YES	NO	Staff Use
20. Have you ever donated blood under another name?			E1
21. Have you ever been informed not to donate blood permanently by us or other blood service?			E2
22. Have you ever been resided outside Hong Kong consecutively for 5 years or longer? If yes, please specify Your previous country of residence: _____ Period: _____			E3
23. Will you be undertaking any hazardous sport today? e.g. rock climbing, diving or flying			E4
24. Will you be driving a heavy vehicle or working at hazardous depths or heights today? e.g. fireman, train or lorry driver, or scaffolding worker			E5

Question for Female Apheresis Donor Only	YES	NO	Staff Use
25. Have you ever given birth/ had an abortion?			F1

**PART III: DECLARATION\***

I solemnly and sincerely declare that I have read, understood and agreed with ‘**Part I : PRE-DONATION INFORMATION**’ and the staff on duty has answered all my queries.

I solemnly and sincerely declare that all information which I have provided in ‘**Part II : HEALTH SCREENING AND INFECTION RISK ASSESSMENT**’ is true. I also consent to have my blood tested for infectious diseases (including HIV) by the Hong Kong Red Cross Blood Transfusion Service and to be informed if my blood is tested positive.

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please sign in front of screening nurse)

Verified by  
Screening Nurse  
Name and Signature: \_\_\_\_\_

\*This declaration is also applicable to online Blood Donation Registration Form.

**For Apheresis Donation:**

**Consent to Plasma and Platelet donation (Apheresis Donation) by Donors**

I hereby consent to participate in apheresis blood donation provided by Hong Kong Red Cross Blood Transfusion Service (BTS) for Plasma and Platelet donation. The principle, procedure, purpose and risks of apheresis (such as bruising, pain or infection around the needle puncture site, dizziness or fainting after donation, and low calcium in blood leading to temporary paraesthesia and/or muscle cramping) have been explained to me by the attending BTS staff, which I fully understand. The BTS staff has answered the questions, if any, raised by me.

Signature of Donor: \_\_\_\_\_

Signature of attending BTS  
staff: \_\_\_\_\_

Name in Block Letter: \_\_\_\_\_

Rank: \_\_\_\_\_

Date: \_\_\_\_\_

# PART IV : PERSONAL INFORMATION

(Corresponds to Personal Identity Document) (Remark: Photocopy of form is not accepted)  
 If there is no change of contact details, previous donors are required to fill in items with \* asterisk only.  
 We may appeal to you for blood donation via email or SMS in future.

DIN
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Have you completed the online Blood Donation Registration Form? <input type="checkbox"/> Yes (If yes, please complete the boxes in grey in Part IV) <input type="checkbox"/> No (If no, please complete Part II and Part IV)		*Name Surname _____ Other Name _____	
Telegraph code (if applicable) ( ) ( ) ( ) ( )	Name in Chinese (if applicable) _____		
*HK ID. No. _____	( )	*Date of Birth (DD) (MM) (YYYY)	
*Weight (kg) _____	*Height (cm) _____	*Mobile no. _____	*Sex _____
Corresponding Address (Please fill in BLOCK letter)	Other Tel. No. _____	Blood Group (if known) _____	
	*Last Donation Date _____	Donor ID. _____	
Email Address _____		MDID	
		CMV Positive / RARE / ND* (For official use only)	

**For Official Use Only** Put a ✓ in the appropriate box or \* Circle where appropriate Drive ID: \_\_\_\_\_

Unique Visit Number		CBC Test			Vital Signs			
		Specimen collected by _____	Staff Badge & Signature		Temp _____ °C			
Collect Time _____					BP _____ mmHg			
Hb Test					Pulse _____ / min, Regular: Yes / No*			
Hb Reading _____ g/dL (Highlight heading when out of range)	CBC Reading		WBC _____ 10 <sup>3</sup> /uL					
Analyzer No. EIHMC			Hb _____ g/dL					
Test Time _____	Analyzer No. EIAUA		HCT _____ %	Special Message				
Test performed by _____ Staff Badge & Signature	Test performed by _____ Staff Badge & Signature		PLT _____ 10 <sup>3</sup> /uL	Donation samples <input type="checkbox"/> Req. new card <input type="checkbox"/> Iron study (6000 – Ferritin) <input type="checkbox"/> New address / mobile / email* <input type="checkbox"/> Apheresis Recruitment/ Re-join (CBC + LFT) <input type="checkbox"/> Donated under another name <input type="checkbox"/> LFT <input type="checkbox"/> Ig <input type="checkbox"/> Hb Pattern <input type="checkbox"/> Edit MQ <input type="checkbox"/> Others: _____				
Procedure <input type="checkbox"/> Req. 350	Whole Blood <input type="checkbox"/> W - 350ml <input type="checkbox"/> U - 350ml <input type="checkbox"/> W - 450ml <input type="checkbox"/> U - 450ml		Apheresis <input type="checkbox"/> C - Plasma only <input type="checkbox"/> P - Plasma + Platelet <input type="checkbox"/> B - Platelet only					Blood Pack Lot No.
VP _____	Performed by _____ Staff Badge & Signature		Arm _____	2% Lignocaine S.C. <input type="checkbox"/> 0.2ml	Blood Unit Weigher Equipment No. _____	Start Time _____	Duration (min) _____	Tube Sealer No. _____
1 <sup>st</sup>	In	Lt / Rt *	<input type="checkbox"/> 0.2ml	EIMIX	:			EITCS
	Out		<input type="checkbox"/> 0.5ml	EICPP				
2 <sup>nd</sup>	In	Lt / Rt *	<input type="checkbox"/> 0.2ml	EIMIX	:			EITCS
	Out		<input type="checkbox"/> 0.5ml	EICPP				
Draw Code			Volume collected (For Apheresis Only)		DIN Labels Used / Destroyed		1 <sup>st</sup> DIN (if any)	
<input type="checkbox"/> Phlebotomy Ok <input type="checkbox"/> I - Inadequate _____ ml <input type="checkbox"/> L - Low Volume _____ ml			<input type="checkbox"/> O - Over Collection _____ ml <input type="checkbox"/> 4 - Difficult Draw		Plasma _____ ml Platelet _____ ml		H1701	
Iron Supplement Dispensing Record [Doctor's Choice - Iron 50mg and Vitamin C 250mg / tablet] and compliance								Staff Badge & Signature
1A Iron supplement given <input type="checkbox"/> 15 tablets [M] <input type="checkbox"/> 30 tablets [F]		1B Donation with Tx given <input type="checkbox"/> 60 tablets [M & F]		1D Donation with Extra dose given <input type="checkbox"/> 60 tablets [M & F]		Iron Compliance: -1 / 0 / 1 / 2 / 3 *		Dispensed by
1W Iron (Apheresis) <input type="checkbox"/> 15 tablets [M & F]		1C Donation with THAL Tx given <input type="checkbox"/> 60 tablets [M & F]		1E Trial <input type="checkbox"/> 30 tablets [M] <input type="checkbox"/> 60 tablets [F]				
Question No.		Code	Start Date	Comment (if any)				Health Screened By <input type="checkbox"/> Online MQ Registered
Remark								
Deferral								Deferred by