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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.

For Reference Only

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 or antiplatelet agents				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. **For female only:**				
• 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

For Reference Only

HIV/ AIDS, Hepatitis B and Hepatitis C Infection Risk Assessment	YES	NO	Staff Use	
8. Have you been diagnosed of or suspected to have the following infection?				
• HIV infection/ AIDS				B1a
• Hepatitis B infection				B1b
• Hepatitis C infection				B1c
9. Have you ever taken any medication to **treat** HIV infection?				B2
10. Have you ever taken / injected any medication[1] to **prevent** HIV infection?				B5
11. **In the past 3 months**, have you				
• had tattoo[2], acupuncture, ear or body piercing, or contact with blood of another individual through percutaneous inoculation (e.g. needle stick injury) / open wound / mucous membranes?				B3e
• used or injected yourself with narcotics or non-prescribed medication?				B3d
The questions below are related to your sexual contact[3]. **In the past 3 months**, have you				
• had sex with someone who had been diagnosed of HIV infection?				B4a
• taken money, drug or other payment for sex?				B4b
• had sex with someone who had taken money, drug or other payment for sex?				B4c
• had sex with someone who had used or injected narcotics or non-prescribed medication?				B4d
• had sex with a new partner[4] or more than one partner, AND had engaged in anal sex?				B4g
• **For male only:** had sexual contact with another man?				B4e
• **For female only:** had sexual contact with a bisexual man (one who has sexual contact with another man)?				B4f
12. **In the past 12 months**, have you • been detained in a correctional institution or prison for 72 hours or more consecutively?				B4h

Remarks:

Medication[1] *includes pre-exposure prophylaxis (PrEP) and/ or post-exposure prophylaxis (PEP).*

Tattoo[2] *includes permanent and semi-permanent cosmetic tattoos, such as microblading of eyebrows, eyelines and lips, etc.*

Sexual contact[3] *refers to oral, vaginal or anal sex, with or without the use of condom.*

New partner[4] *refers to having sex with someone for the first time, or having had sex with someone in a relationship that ended in the past and having sex again with that person in the last 3 months.*

For Reference Only

Infection, Vaccination and Other Risk Assessment	YES	NO	Staff Use	
13. **In the past 1 week,** have you had any dental procedure (including scaling, dental extraction, etc.), open wounds or skin lesions?				D1
14. **In the past 2 weeks,** have you had diarrhea or symptoms of flu, fever, headache, eye pain, muscle or joint pain, vomiting, enlarged lymph nodes or skin rash?				D2
15. **In the past 8 weeks,** have you				
• had contact with someone with an infectious disease e.g. chickenpox, rubella, tuberculosis (TB)?				D3a
• had any vaccinations e.g. vaccination against Hepatitis A, Hepatitis B or tetanus?				D3b
16. **In the past 6 months**, have you received blood transfusion?				B3b
17. **In the past 12 months,** have you				
• been bitten by any animal?				D5a
• undergone surgical operation (including endoscopic examination, treatment involving the use of catheters)?				D5b
18. Have you ever received organ or tissue transplant?				C4b
19. Have you been diagnosed of the following infectious diseases?				
• **Bacterial infection** e.g. Brucella infection, Tuberculosis (TB), etc.				D6i
• **Viral infection** e.g. Chikungunya, Dengue Fever, Glandular Fever, Japanese Encephalitis, Mpox, West Nile Virus infection, etc.				D6j
• **Protozoal infection** e.g. Babesiosis, Malaria, Toxoplasmosis, Trypanosomiasis, etc.				D6k
• Venereal disease				D6b
• Others, please specify:_____				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. **In the past 3 months**, have you travelled outside Hong Kong? If yes, please specify Destination(s):_____ Date of return to HK (DD/MM/YY): _____				D4
23. Have you ever spent for 4 weeks or longer continuously in Mexico, Central or South America?				E6
24. 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
25. Will you be undertaking any hazardous sport today? e.g. rock climbing, diving, or flying				E4
26. 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	
27. 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:_____ Verified by Screening Nurse Name and Signature: _____

(Please sign in front of screening nurse)

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: _____

For Reference Only

PART IV : PERSONAL INFORMATION

(Corresponds to Personal Identity Document) (Remark: Photocopy of form is not accepted)
First-time donors are required to fill out the following personal information.
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

*Name Surname Other Name		Email Address	
*Name in Chinese (if applicable)		Telegraph code (if applicable)	( )( )( )( )
*HK ID. No.	( )	Corresponding Address: (Please fill in BLOCK letter)	
*Date of Birth	(DD) (MM) (YYYY)		
*Mobile No.	*Sex		
*Weight (kg)	*Height (cm)		

For Official Use Only (Put a ✓ in the appropriate box or * Circle where appropriate)

Drive ID: _____

Donor ID		Last Donation Date		CMV Positive / RARE / ND *	Blood Group (if known)	

Unique Visit Number

Hb Test 血紅素測試
(Acceptable range 可接受捐血範圍)
[女士 F] **12.0** – 16.5 g/dL
[男士 M] 13.0 – 18.0 g/dL

☐ **Outranged** ☐ **Acceptable**
(Completed by Screening Nurse)

Hb Reading	g/dL *(Highlight heading when out of range)*
Test Time	:
Test performed by	*Staff Badge & Signature*

CBC

Specimen collected by	*Staff Badge & Signature*	
CBC Reading *(Acceptable range)*	**WBC** (3.0-15.0)	10^3/uL
	Hb **[F]** (**12.0** - 16.5) **[M]** (13.0 -18.0)	g/dL
	HCT (≤ 50.0)	%
	PLT (150-400)	10^3/uL
Analyzer No.	EIAUA	
Test Time	:	
Test performed by	*Staff Badge & Signature*	

Vital Signs

Temp		°C
BP		mmHg
Pulse	/ min, **Regular:** Yes / No*	
R/C item	**Reading**	**Time**

Special Message

Donation samples
☐ Iron study (6000 – Ferritin)
☐ Apheresis Registration (CBC + LFT)
☐ LFT ☐ Ig
☐ **Failed Hb** - Iron (CBC + Ferritin)
☐ Others:

☐ New address/ mobile/ email*
☐ **Declaration** (WIBCS202F1)
☐ **Parent Consent** (WIBCS201F2)

Procedure ☐ Req. 350 _____	**Whole Blood** ☐ W - 350ml ☐ U - 350ml ☐ W - 450ml ☐ U - 450ml	**Apheresis** ☐ C - Plasma only ☐ P - Plasma & Platelet ☐ B - Platelet only	**Others** ☐ I - Autologous donation ☐ R - Directed donation

Blood Pack Lot No.

VP		Performed by *Staff Badge & Signature*			Arm	2% Lignocaine S.C.	Blood Unit Weigher Equipment No.		Start Time	Duration (min)
1st	In		Out		Lt / Rt *	☐ 0.2ml ☐ 0.5ml	EIMIX EICPP		:	
2nd	In		Out		Lt / Rt *	☐ 0.2ml ☐ 0.5ml	EIMIX EICPP		:	

Draw Code	Volume collected *(For Apheresis Only)*	DIN Labels Used / Destroyed	1st DIN *(if any)*
☐ Phlebotomy Ok ☐ I - Inadequate _____ ml ☐ L - Low Volume _____ ml ☐ O - Over Collection _____ ml ☐ 4 - Difficult Draw	Plasma _____ml Platelet _____ml	_____ / _____	**H1701**

Iron Supplement Dispensing Record [Doctor's Choice - Iron 50mg and Vitamin C 250mg / tablet] **and compliance**

1A Iron supplement given ☐ 15 tablets [M] ☐ 30 tablets [F] **1W Iron (Apheresis)** ☐ 15 tablets [M & F]	**1B Donation with Tx given** ☐ 60 tablets [M & F] **1C Donation with THAL Tx given** ☐ 60 tablets [M & F]	**1D Donation with Extra dose given** ☐ 60 tablets [M & F] **1E Trial** ☐ 30 tablets [M] ☐ 60 tablets [F]	**Iron Compliance:** -1 / 0 / 1 / 2 / 3 *	*Staff Badge & Signature* **Dispensed by**

	Question No.	Code	Start Date	Comment *(if any)*	Additional screening	Health Screened By
Remark					☐ vCJD ☐ PD < 18 Assessment	
Deferral						**Deferred by**

For Reference Only