Donation Safety Check for New and Returning Donors

The following questions must be completed by all potential blood donors. We realise that some questions may appear intrusive, but your answers will be treated with absolute confidentiality. Please answer all questions to the best of your knowledge to ensure your own safety and that of any potential recipient of your donation. If you are uncertain of any answer or answer 'Yes' to any question, please call the donor helpline on 01624 650637 to check if you are eligible to donate. Please use blue or black ballpoint pen to complete this form.

No	Question	DT CODE	Yes	No	Staff
1	Are you taking any **prescribed** medicines or tablets or other treatments (except HRT, the pill or other birth control)?				
2	Have you ever tested positive for HIV, or do you think you may be HIV positive?				
3	Have you ever had sex with anyone with Human T Cell Lymphotropic Virus (HTLV) or anyone who has ever had viral haemorrhagic fever (including Ebola)?				
4	Have you ever had jaundice or Hepatitis, or do you think you may have Hepatitis now?	J			
5	Have you ever injected yourself, or been injected with, illegal or non-prescribed drugs, including body-building drugs or cosmetics or injectable tanning agents (even if this was only once or a long time ago)?				
6	Have you ever had or been treated for syphilis or gonorrhoea?				
7	Have you ever been told that you should not give blood?				
8	Have you ever seen a doctor with any complaints about your heart, or had any other serious illness?				
9	Have you **ever** had any medical investigations, tests, operations or alternative therapies?	S/E			
10	Have you ever received a blood or blood product transfusion?	T/R			
11	Have you or anyone in your family had Creutzfeldt-Jakob Disease (CJD)?				
12	Were you treated with growth hormone before 1985?				
13	Did you have brain surgery or an operation for a tumour or cyst in your spine before August 1992?				
14	Have you had fertility treatment, or had IVF for any other reason since 1980?				
15	**In the last 7 days** have you seen a doctor, dentist, dental hygienist or any other healthcare professional, or are you waiting to see one?				
16	**In the last 7 days** have you taken any aspirin, painkillers, anti-inflammatories, or taken any other medicines or tablets that you have bought yourself?				
17	**In the last 2 weeks** have you had any illness, infection or fever, or do you think you have one now?				
18	**In the last 4 weeks** have you been in contact with anyone with an infectious disease?				
19	**In the last 8 weeks** have you had any immunisations, vaccinations or jabs (including smallpox)?				
20	**In the last 8 weeks** have you been in contact with anyone who has had a smallpox vaccination?				
21	Are you pregnant, or have you been in the last 6 months?				
	In the last 3 months have you…	DT CODE	Yes	No	Staff
22	…had sex with anyone who has had Syphilis, Gonorrhoea, Hepatitis, or anyone who is HIV positive?				
23	…been given money or drugs for sex?				
24	…had sex with anyone who has ever been given money or drugs for sex?				
25	…had sex with anyone who has ever injected drugs?				
26	…taken Pre-Exposure Prophylaxis (PrEP) / Truvada for prevention of HIV, or have you taken or been prescribed Post-Exposure Prophylaxis (PEP) for prevention of HIV?				
27	…used drugs during sex (excluding erectile dysfunction drugs or cannabis)?				
28a	…had sex with a new partner, or had sex with more than one partner?				
28b	**If 'Yes'** did you have anal sex?				
	In the last 12 months have you…	DT CODE	Yes	No	Staff
29	…had any piercing, had a tattoo or any cosmetic treatment that involved piercing your skin, including acupuncture?	S			
30	…been exposed to someone else's blood or body fluids, e.g. through a needle prick or bite or broken skin?	S			
31	…shared a home with a person with Hepatitis?	C			
32	…had sex with anyone with Hepatitis?	C			
	Travel	DT CODE	Yes	No	Staff
33	**In the last 12 months** have you been outside the UK (including business trips)?	R			
34a	Were you born or have you ever lived or stayed outside the UK for a continuous period of 6 months or more?	L			
34b	**If 'Yes'** have you been outside the UK since then?	L			
35a	Have you ever had malaria or an unexplained fever which you could have picked up while travelling or living or working abroad?	M/F			
35b	**If 'Yes'** have you been outside the UK since then?	V			
36	Have you ever visited Central America, South America or Mexico for a continuous period of 4 weeks or more?	R			
37	Were you or your mother born in Central America, South America or Mexico?	L			

Donor Details (IN CAPITAL LETTERS)	STAFF USE ONLY. Please use a continuation sheet if required.	CLINICAL NOTES
Forename		☐ Withdraw ☐ Accept ☐ Suspend until ..... /..... /.....
Surname		
Signature	Withdraw/suspend until ..... /..... /..... ☐ Set Medical Bar ☐ Attention Clinical Support Team	CST/Donor Records Signature..... Date
Date ..... /..... /.....	☐ Medical Referral ☐ Additional notes	..... /...../.....