

**Blood Donation Application Form**

National Blood Centre, The Thai Red Cross Society

First Time Donor

Repeat Donor

Date of Donation (dd/mm/yy).....

**Donor Age Limit :**

**Whole blood: 17-70 years** # If 17 years old, letter of consent from parent or guardian is required.

# If first-time donation, age must be lower than 60 years old.

# If repeat donor who is 65-70 years old, additional health evaluation is required.

**Apheresis: 17-60 years**

# If first-time donation, age must be lower than 50 years and have experienced in whole blood donation.

For Repeat Donors

What type of donation did you make?  Whole Blood  Apheresis

Apheresis, please specify:  Single Donor Red Cells  Single Donor Platelets  Plasmapheresis  Others .....

Complications of previous donations?  No complication

Complications:  Fainting  Bruise  Phlebotomy problem

Not allowed to donate due to .....  Others .....

CITIZEN ID / PASSPORT NUMBER

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Blood Donor ID.....

Date of birth (dd/mm/yy) ..... Age .....years Gender..... Weight .....kg

Present address  Not changed  Changed as follows: .....

Postal Code ..... Telephone ..... Mobile phone .....

E-mail address.....

Occupation :  Student  Gov. official, soldier, police or state enterprise worker  Employee  
 Monk, priest  Agriculturist  Business  Others.....

Name: Mr. / Ms. / Mrs. (Please write in block letters).....  
(Given names/First name ) (Surname/Last name)

Maiden name .....

For staff

Donor ID ..... No. of Donations.....

For repeat donor, if donor ID card not available please fill in the followings:

First donation (dd/mm/yy)..... Place.....

Last donation (dd/mm/yy)..... Place.....

Blood pressure.....mm Hg

Pulse.....bpm  normal  abnormal

Heart/Lung  normal  abnormal

Temperature.....°c  pass  not pass

Hb.....g/dL  pass  not pass

Unit Number

Blood Group	Rh

- Deferred due to.....
- On medication that affects platelet function
- Under volume
- High volume
- Discarded

Remarks .....

Registrar..... Blood bag preparation staff..... Blood collector.....

Blood sample collector ..... Rechecked by.....

## Blood Donor Questionnaire

For safety of donors and recipients of blood transfusion, please provide truthful answer to this questionnaire .If you are not sure that your blood is safe, please refrain from donation.

**For interviewer: this form must be used according to the Document for Blood Donor Health Screening, National Blood Centre, The Thai Red Cross Society.**

General health	Yes	No
1. Do you feel well and healthy today?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you sleep tight last night? (for at least 5 hours of sleep) .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you take fatty food within the past 6 hours?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any chronic disease or health problem? If yes, please specify.....	<input type="checkbox"/>	<input type="checkbox"/>
5. In the past 7 days, are you currently taking antibiotics or any medication for an infection? If yes, please specify.....	<input type="checkbox"/>	<input type="checkbox"/>
6. In the past 48 hours, have you taken aspirin, a muscle relaxant, or pain killer? If yes, please specify.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you regularly take medications, herbal medicine, or supplement food that contains biotin? If yes, please specify.....	<input type="checkbox"/>	<input type="checkbox"/>
8. In the past 24 hours, have you drunk alcohol? .....	<input type="checkbox"/>	<input type="checkbox"/>
9. In the past 6 months, have you donated hematopoietic stem cells?..... If yes, please specify <input type="checkbox"/> bone marrow <input type="checkbox"/> peripheral blood	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pregnancy and childbirth</b>		
10. Have you ever been pregnant or abortion? .....	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you currently pregnant or breast-feeding?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. In the past 6 months, have you had given birth / abortion?.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sexual behavior: for all genders</b>		
13. Have you ever had sexual contact with anyone with the following characteristics:..... - sex worker, or anyone who has ever taken money or drugs or other payment for sex - anyone who has ever had HIV/AIDS or has ever had a positive test for HIV/AIDS virus - anyone who has ever used needles to take drugs, or injected non-prescribed drugs? - anyone taking any medications to treat or prevent HIV infection	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever taken medication for treatment or prevention of HIV infection?.....	<input type="checkbox"/>	<input type="checkbox"/>
15. For male, have you ever had sexual contact with male? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Conditions that might increase infection risk</b>		
16. Have you had any dental procedure including tooth filling, plaque removal in the past 3 days, or tooth extraction or root canal treatment in the past 7 days? .....	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you had diarrhea in the past 7 days? .....	<input type="checkbox"/>	<input type="checkbox"/>
18. In the past 4 months, have you had ear or body piercings, tattoo or tattoo removal, or acupuncture? .....	<input type="checkbox"/>	<input type="checkbox"/>
19. In the past 7 days, have you had any minor surgery?.....	<input type="checkbox"/>	<input type="checkbox"/>
20. In the past 6 months, have you had any major surgery? .....	<input type="checkbox"/>	<input type="checkbox"/>
21. In the past 12 months, have ever been sick and received any blood transfusion?.....	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
22. Have you had a transplant such as organ, tissue, or stem cells? .....	<input type="checkbox"/>	<input type="checkbox"/>
23. In the past 12 months, have you been stuck by bloody needle? .....	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you had hepatitis after age of 11 years? .....	<input type="checkbox"/>	<input type="checkbox"/>
25. In the past 12 months, have you lived with a person who had hepatitis? .....	<input type="checkbox"/>	<input type="checkbox"/>
26. Have you ever been tested positive for hepatitis viruses?.....	<input type="checkbox"/>	<input type="checkbox"/>
27. In the past 3 years, have you had malaria? .....	<input type="checkbox"/>	<input type="checkbox"/>
28. In the past 12 months, have you traveled to an area with malaria? .....	<input type="checkbox"/>	<input type="checkbox"/>
29. In the past 1 month, have you had influenza, dengue, chikungunya, Zika or COVID-19? If yes, please specify.....	<input type="checkbox"/>	<input type="checkbox"/>
30. In the past 2 months, have you had any vaccination or other shots? If yes, please specify.....	<input type="checkbox"/>	<input type="checkbox"/>
31. In the past 12 months, have you had any serum injection for passive immunization?	<input type="checkbox"/>	<input type="checkbox"/>
32. Have you ever been intravenous drug user (IVDU)? .....	<input type="checkbox"/>	<input type="checkbox"/>
33. In the past 12 months, have you ever been imprisoned for more than 72 consecutive hours? .....	<input type="checkbox"/>	<input type="checkbox"/>
34. In the past 3 months, have you had weight loss, fever, enlarged lymph node without apparent cause or ever tested positive for HIV/AIDS virus? .....	<input type="checkbox"/>	<input type="checkbox"/>
35. From 1980 through 1996, did you spend time that adds up to 3 months or more in the United Kingdom countries of England, Northern Ireland, Scotland and Wales? .....	<input type="checkbox"/>	<input type="checkbox"/>
36. From 1980 through 2001, did you spend time that adds up to 5 years or more in France or Ireland? .....	<input type="checkbox"/>	<input type="checkbox"/>
37. Are you confident that your blood is safe for transfusion? .....	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that my answer to the questionnaire is truthful and information given is correct. I am confident that my blood is safe for transfusion into another person. I acknowledged that my blood donation will be subjected to testing for syphilis, hepatitis B and C, and HIV viruses before it is used for medical purposes.

I therefore voluntarily donate my blood to National Blood Centre, The Thai Red Cross Society, for the benefit of transfusion service and medical research\*.

\*\* I have been informed of benefit and risk associated with blood donation and I am willing to donate blood.

Signature.....Date.....

\* Medical research for public interest that has been approved by research ethic committee of National blood centre or related organization (in accordance with the Thai Medical Council regulation on research and experiments on human subjects, BE 2525), or research project that will be announced.

Staff note (optional) .....

Signature of doctor/ staff .....

\*\* ข้าพเจ้ารับทราบถึงวัตถุประสงค์การเก็บรวบรวม ประมวลผล ใช้ และเปิดเผยข้อมูลส่วนบุคคล เพื่อการวิจัยทางการแพทย์และงานบริการโลหิตครบถ้วนแล้ว