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 ☐☐☐☐☐☐☐☐☐☐☐☐☐

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

Blood Group	Rh

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

☐ 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?	☐	☐
2. Did you sleep tight last night? (for at least 5 hours of sleep)	☐	☐
3. Did you take fatty food within the past 6 hours?	☐	☐
4. Do you have any chronic disease or health problem? If yes, please specify	☐	☐
5. In the past 7 days, are you currently taking antibiotics or any medication for an infection? If yes, please specify	☐	☐
6. In the past 48 hours, have you taken aspirin, a muscle relaxant, or pain killer? If yes, please specify	☐	☐
7. Do you regularly take medications, herbal medicine, or supplement food that contains biotin? If yes, please specify	☐	☐
8. In the past 24 hours, have you drunk alcohol?	☐	☐
9. In the past 6 months, have you donated hematopoietic stem cells? If yes, please specify ☐ bone marrow ☐ peripheral blood	☐	☐
Pregnancy and childbirth		
10. Have you ever been pregnant or abortion?	☐	☐
11. Are you currently pregnant or breast-feeding?	☐	☐
12. In the past 6 months, have you had given birth / abortion?	☐	☐
Sexual behavior: for all genders		
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	☐	☐
14. Have you ever taken medication for treatment or prevention of HIV infection?	☐	☐
15. For male, have you ever had sexual contact with male?	☐	☐
Conditions that might increase infection risk		
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?	☐	☐
17. Have you had diarrhea in the past 7 days?	☐	☐
18. In the past 4 months, have you had ear or body piercings, tattoo or tattoo removal, or acupuncture?	☐	☐
19. In the past 7 days, have you had any minor surgery?	☐	☐
20. In the past 6 months, have you had any major surgery?	☐	☐
21. In the past 12 months, have ever been sick and received any blood transfusion?	☐	☐
22. Have you had a transplant such as organ, tissue, or stem cells?	☐	☐
23. In the past 12 months, have you been stuck by bloody needle?	☐	☐
24. Have you had hepatitis after age of 11 years?	☐	☐
25. In the past 12 months, have you lived with a person who had hepatitis?	☐	☐
26. Have you ever been tested positive for hepatitis viruses?	☐	☐
27. In the past 3 years, have you had malaria?	☐	☐
28. In the past 12 months, have you traveled to an area with malaria?	☐	☐
29. In the past 1 month, have you had influenza, dengue, chikungunya, Zika or COVID-19? If yes, please specify	☐	☐
30. In the past 2 months, have you had any vaccination or other shots? If yes, please specify	☐	☐
31. In the past 12 months, have you had any serum injection for passive immunization?	☐	☐
32. Have you ever been intravenous drug user (IVDU)?	☐	☐
33. In the past 12 months, have you ever been imprisoned for more than 72 consecutive hours?	☐	☐
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?	☐	☐
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?	☐	☐
36. From 1980 through 2001, did you spend time that adds up to 5 years or more in France or Ireland?	☐	☐
37. Are you confident that your blood is safe for transfusion?	☐	☐

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