



**MILITARY MEDICAL ACADEMY
INSTITUTE OF BLOOD TRANSFUSION
AND HEMOBIOLOGY**



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ALL DONORS PLEASE COMPLETE THIS SECTION

Read the questionnaire and respond honestly on each question.

Donor questionnaire is important to ensure the safety of donors and the safety of blood for transfusion patients.

All your answers, along with the other information are strictly confidential and will be used only for the transfusion needs.

1.	Have you ever donated a blood?	YES	NO
2.	Have you ever been ineligible to donate blood?	YES	NO
3.	Are you feeling healthy and well today?	YES	NO
4.	Are you currently taking any medications?	YES	NO
5.	Have you taken Aspirin in the last three days?	YES	NO
6.	Have you suddenly lost your weight in the last 6 months?	YES	NO
7.	Have you been examined or treated in a hospital?	YES	NO
8.	Are you presently taking any medical examination or off period?	YES	NO
9.	Do you suffer or have been treated from a disease including the following: heart, lungs, kidneys, stomach and intestines, bones and joints, nervous system, blood and blood vessels, malignant disorders or malaria?	YES	NO
10.	Do you have skin changes or allergies?	YES	NO
11.	a) Have you ever had hepatitis B or C? b) Do you think there is the possibility to have a positive test for the HIV/AIDS virus? c) Have you ever used intravenous drugs?	YES	NO
12.	Did you have any surgical procedures or blood transfusions in the last 6 months?	YES	NO
13.	Did you have any cold or have you been taking any antibiotics in the last 7 to 10 days?	YES	NO
14.	Did you receive any kind of vaccine or serum in the last 12 months?	YES	NO
15.	Have you had a tick bite in the last 12 months and have you consult a doctor concerning this matter?	YES	NO
16.	Do you have a problem of excessive bleeding after the injuries or easily get bruises?	YES	NO
17.	In the past 6 months have you: a) Travel or live abroad? b) Had acupuncture, body piercing or tattoo?	YES	NO
18.	Have you been drinking alcohol in the last 6 hours?	YES	NO
19.	In the past 6 months have you had sexual contact with a person who : a) Has had positive test for the HIV/AIDS virus? b) Has hepatitis B or C? c) Ever received money, drugs, or other payment for sex?	YES	NO
For female donors			
24.	Are you pregnant at the moment?	YES	NO
25.	Do you presently have menstrual period?	YES	NO
26.	Have you had an abortion or a miscarriage in the past 6 months?	YES	NO
27.	Did you give birth in the last 9 months?	YES	NO

PERSONAL INFORMATION AND DONOR CONSENT:**First and last name:** _____**Home adress:** _____**Contact:** _____**Donor consent****I completed the donor questionnaire for whole blood/blood components donation thus confirming the data authenticity:**

- According to my knowledge I wasn't exposed to infection risks.
- I was explained that my blood will be tested on blood transmitted diseases.
- I agree to be informed and invited to additonal testing in case any test shows positive or potentially positive results.
- I am sure that blood I have donated will be used in best way and I am proud for helping someone.

I confirm the acceptance of the notice informing me:

- That I can quit donating whole blood/blood components before the procedure start, as well as refusing the donation i.e. possibility to withdraw the consent in any moment,
- About the purpose of whole blood/blood components donation,
- About common risks and reactions during blood drawing and quantity of blood testing,
- About personal data protection,
- That I received all answers to my questions.

I accessed the process of whole blood/blood components donation and gave a written consent for donating whole blood/blood components.

Signature of a donor _____

THANK YOU FOR DONATING

Notice:

- I quit from donating blood/blood components.
- I refuse to donate.
- I withdraw the consent.

Signature of a donor _____