

QUESTIONNAIRE FOR DONORS OF BLOOD AND BLOOD COMPONENTS

Each time before donating blood or blood components, the donor must complete this questionnaire, and, in case of questions or uncertainties, to contact the doctor of the blood donation institution.

Forename, surname of the donor _____

	Yes	No
1. Are you feeling good?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you, during the last two years, experienced any of the following unexpectedly and/or without any clear reason:		
• weight decrease	<input type="checkbox"/>	<input type="checkbox"/>
• fever	<input type="checkbox"/>	<input type="checkbox"/>
• diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
• skin, mucous membrane, lip rash.....	<input type="checkbox"/>	<input type="checkbox"/>
• enlarged lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you taken/been taking medication, been vaccinated, visited a dentist in the last month?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you read, know about and understand what AIDS, hepatitis and safe sex are, and that the partner may get hepatitis even if he/she has never had jaundice?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you had, during the past 12 months, sexual intercourse with a partner, who:		
• has been infected with the Human Immunodeficiency Virus or hepatitis viruses	<input type="checkbox"/>	<input type="checkbox"/>
• has taken/been taking injective drugs.....	<input type="checkbox"/>	<input type="checkbox"/>
• receives payment (especially in the form money or drugs) for sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>
• has haemophilia	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever taken/been taking any narcotic drugs, in particular injective ones?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had any sexual intercourse for money or drugs?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you over the past 12 months:		
• been medically examined or have undergone surgical operation?.....	<input type="checkbox"/>	<input type="checkbox"/>
• had your ears pierced, a tattoo done or undergone acupuncture treatment?.....	<input type="checkbox"/>	<input type="checkbox"/>
• had blood transfusion?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have relatives who suffer from Creutzfeldt-Jakob (CJD) disease?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you been treated with any preparations made from human or animal organs?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you been held in custody places of pre-trial detention or imprisonment over the past 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had a domestic relationship with people infected with human immunodeficiency or hepatitis viruses (in family, at work or among friends)?.....	<input type="checkbox"/>	<input type="checkbox"/>
13. Where were you born?		
14. Have you ever lived abroad? Where and for how long?		
15. Have you been abroad? Where and for how long?		
16. Have you ever had:		
• jaundice, malaria, tuberculosis, rheumatic fever?.....	<input type="checkbox"/>	<input type="checkbox"/>
• cardiovascular diseases, hypertension ?.....	<input type="checkbox"/>	<input type="checkbox"/>
• allergy, asthma?.....	<input type="checkbox"/>	<input type="checkbox"/>
• diseases of the nervous system, whether you have had convulsions, disturbances of consciousness?.....	<input type="checkbox"/>	<input type="checkbox"/>
• chronic diseases (diabetes, malignancies, stomach ulcer)?.....	<input type="checkbox"/>	<input type="checkbox"/>
• blood diseases?	<input type="checkbox"/>	<input type="checkbox"/>
• sexually transmitted diseases?.....	<input type="checkbox"/>	<input type="checkbox"/>
• COVID-19 disease (coronavirus infection)?.....	<input type="checkbox"/>	<input type="checkbox"/>
17. If you have a history of COVID-19 disease (coronavirus infection), when have you recovered from it? _____		
18. Is your job risky?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever refused to donate blood or blood components?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever been refused to take blood or blood components from you?.....	<input type="checkbox"/>	<input type="checkbox"/>
21. Question for men:		
• have you ever been in relation with other men?	<input type="checkbox"/>	<input type="checkbox"/>
22. Question for women:		
• you think that your sexual partner could be in relation with other men too?.....	<input type="checkbox"/>	<input type="checkbox"/>
• are you (were in the last 12 months) pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
23. You want to donate:		
• blood	<input type="checkbox"/>	<input type="checkbox"/>
• plasma	<input type="checkbox"/>	<input type="checkbox"/>
• platelets	<input type="checkbox"/>	<input type="checkbox"/>
• red blood cells (erythrocytes)	<input type="checkbox"/>	<input type="checkbox"/>
• double dose of red blood cells (erythrocytes).....	<input type="checkbox"/>	<input type="checkbox"/>

I acknowledge that I have read and understood the training material provided, I had the opportunity to ask questions, received appropriate answers to all questions asked, and, based on the information provided, I agree to continue the process of donating blood or blood components. I assure that, to my knowledge, all the information I have provided is correct.

Donor _____
Signature, date

Doctor of the blood donation institution _____
Signature, date

CONSENT / REFUSAL OF THE DONOR TO DONATE BLOOD

With your consent, a standard dose of 450 ml of blood will be taken from you.

The procedure is safe in terms of transmission of infections because only disposable tools, instruments and measures are used.

Red blood cell (erythrocyte) count returns to normal within 60 days. Therefore, you can donate blood once again no earlier than after 2 months. Blood should be donated when a donor is not tired, had good sleep. It is not recommended to donate blood after night work. The causes of many reactions are psychological (fear, fear of the needle, pain at the injection site, failure of a venous puncture). After the person has donated the blood, the site of a venous puncture must remain bandaged for at least 2 hours. The donor must take a rest for 15 to 20 minutes after the donation.

Although the blood donation procedure is safe, **adverse reactions** (side effects) during or after the procedure may occur:

- discomfort or bruising at the puncture site;
- general weakness, dizziness, mild nausea, hear beat;
- moderate and severe reactions such as loss of consciousness, fainting are rare;
- if you are experiencing any of the above symptoms, the staff member carrying out the procedure

must be immediately informed thereof so that you can be provided the necessary medical aid.

I, _____
(forename, surname of the donor)

acknowledge that the doctor answered all my questions, explained in detail and in a comprehensible way about:

- blood donation procedure, its expediency and course
- possible adverse reactions during or after the procedure.

I have understood correctly the information provided to me by my doctor, and I acknowledge that I have made myself familiar with and understood the internal rules for donors of the Public Institution National blood center, and I voluntarily

consent / refuse
(delete as appropriate)

to donate blood and I agree / disagree that in the event of unforeseen circumstances or adverse reactions all the measures necessary in that situation be taken.

I acknowledge that I had the opportunity to choose whether I want to be invited to donate blood, I can see my choice in my donor card, and I was informed that I could change my choice.

I understand that my personal data is required in preparing blood and blood components at the Public Institution National blood centre. Therefore, I consent to processing my data in the information system of the Public Institution National blood centre eProgesa. I consent to submitting my personal data to the Register of Blood Donors. I acknowledge that I have made myself familiar with information about processing my personal data which is contained in the information notification about data processing that I have received and I know that this information is also available on the website www.kraujodonoryste.lt.

Signature of the donor _____, date _____.

Forename, surname, signature of the doctor _____, date _____.
