QUESTIONNAIRE FOR DONORS OF BLOOD AND BLOOD COMPONENTS

Every time before donating blood or blood components, the donor must complete this questionnaire. Should you have any questions, please contact the physician of the Blood Centre. *Please respond to* the following questions by placing *a mark* (X) in the *answer box* that *corresponds* to *your response*.

Donor's name, surname_____

	Yes	**No**
1. Are you feeling good?	□	□
2. Have you been taking any medicine, been vaccinated or paid a visit to a dentist during the last month? If yes, please specify_____	□	□
3. Have you read the blood establishment's educational material, and do you know and understand what HIV, hepatitis and safe sex are?	□	□
4. 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?	□	□
- has taken injection drugs?	□	□
- receives payment (especially in the form of money or drugs) for sexual intercourse?	□	□
- has haemophilia (bleeding disorder in which the blood does not clot properly)?	□	□
5. Have you ever taken any narcotic drugs or other illegally obtained substances (anabolic steroids), in particular injection drugs? If yes, please specify	□	□
6. Have you ever had any sexual intercourse for money or drugs? If yes, please specify_____	□	□
7. Have you had unprotected sex (as defined in the blood establishment's educational material) in the last 6 months?	□	□
8. Over the past 12 months, have you:		
- undergone any medical check-up or an operation?	□	□
- had your ears pierced, had a tattoo done or have you undergone any acupuncture treatment?	□	□
- had a blood component transfusion?	□	□
9. Question for women.		
- are you (have you been over the past 12 months) pregnant?	□	□
10. Do you have relatives who have Creutzfeldt-Jakob (CJD) disease?	□	□
11. Have you been treated with any preparations made from human or animal organs (including the use of growth hormones or hormone treatment of infertility with gonadotropic hormones)?	□	□
12. Where were you born? Please indicate the country_____		
13. Have you been held in custody or in any penal institution over the past 12 months?	□	□
14. Have you lived abroad for more than 6 months in the last 4 years? If yes, please list the countries where you lived_____	□	□
15. Have you been abroad in the last 6 months? If yes, please list the countries you have travelled to_____	□	□
16. Have you ever had (if yes, please underline)		
- jaundice, malaria, tuberculosis, other infectious diseases (please specify)?	□	□
- cardiovascular diseases, high blood pressure?	□	□
- allergy, bronchial asthma?	□	□
- diseases of the nervous system, seizures, consciousness disorders?	□	□
- blood diseases, clotting disorder?	□	□
- sexually transmitted diseases?	□	□
- other chronic diseases for which you are/have been under medical supervision? If yes, please specify _____	□	□
- COVID-19 disease (coronavirus infection)? If yes, please specify the date of confirmation_____	□	□
17. Do you have a risky job/engage in risky activities (as defined in the blood establishment's educational material)?	□	□
18. Have you ever refused to donate blood or its components? If yes, please indicate the reason_____	□	□
19. Has your donation of blood or blood components ever been rejected? If yes, please indicate the reason	□	□
20. Do you agree to donate:		
- blood?	□	□
- blood components (thrombocytes, plasma, red blood cells) by the way of apheresis collection?	□	□

Hereby I confirm that I have read and understood the presented educational material and that I have had an opportunity to ask questions and have received appropriate answers to all of the questions asked. On the basis of the presented information, I agree to continue the process of donating blood or its components. I certify that all the information provided above is correct to the best of my knowledge.

Donor (Signature, date)

Physician of the Blood Centre (Signature, date)

CONSENT OF THE DONOR TO DONATE BLOOD OR BLOOD COMPONENTS

I, _____

(donor's name, surname)

- By signing this document, I certify that I am aware of the nature, purpose, known and possible adverse reactions (complications), and other relevant circumstances that may have influenced my decision to consent or refuse the donation of blood or blood components.
- It has been explained to me in an understandable manner that adverse reactions (complications) may occur during/after the donation of blood or blood components. I am aware of them and know that I will be provided with qualified assistance if this should happen.
- I am aware that I must tell the physician about any past medical conditions, illnesses, medications, allergic reactions, donations of blood or blood components, adverse reactions (complications) and any other information that I may have that I know is necessary to safely carry out the donation.
- If I become aware of any risks that may have affected the safety of the blood after donation, I will report them immediately.
- I have had the opportunity to review the donor's education material, to ask questions and to receive detailed answers regarding the questionnaire for donors of blood and blood components.
- I have been informed about the processing of my personal data by the "VšĮ Nacionalinis kraujo centras" (*National Blood Centre*) and the Blood Donor Registry. I understand that my personal data are necessary for the preparation of blood and its components, for the purpose of donation, in order to fulfil the legal obligations provided for in the Law on Blood Donation of the Republic of Lithuania and other legal acts of the "VšĮ Nacionalinis kraujo centras", and therefore I agree to the processing of my personal data in the information system eProgesa of the "VšĮ Nacionalinis kraujo centras". I consent to my personal data being made available to the manager and administrator of the Blood Donor Registry. I confirm that I have read the information on the processing of my personal data contained in the information notice on data processing provided to me and I am aware that this information is also available at www.kraujodonoryste.lt.
- I certify that all the information provided above is correct to the best of my knowledge.

AGREE (underline as appropriate) **to donate blood**

to donate blood components (thrombocytes)

Signature of the donor _____ **Date** _____

Name, surname, signature of the physician _____ **Date** _____