CROIX-ROUGE de Belgique

SERVICE DU SANG

CONFIDENTIAL MEDICAL QUESTIONNAIRE AND INFORMED CONSENT

Please read each question carefully and give truthful answers. Your safety and the safety of the recipient depend on it.

Do not hesitate to approach our staff members if you have any question. You are entitled to refuse the donation before it starts or to stop it at any time without giving a reason.

			Column reserved for the examiner
Have you received, read and understood the information provided about blood donation, at risk behaviour and blood transmitted diseases?	☐ NO	☐ YES	
A. HAVE YOU EVER GIVEN BLOOD, PLASMA OR PLATELETS?	☐ YES	☐ NO	
> If yes: Did your last donation go well? What is the date of your last donation? ..... / ..... /	☐ YES	☐ NO	
B. GENERAL INFORMATION			
> Are you feeling well and in good health?	☐ YES	☐ NO	
> In which country were you born and where did you live in the first 5 years of your life?			
> Have you spent at least 6 months (total duration of stay) in Great Britain and/or Northern Ireland between 1980 and 1996 included?	☐ NO	☐ YES	
> Are you coming to give blood as part of a treatment for hemochromatosis ?	☐ YES	☐ NO	
> If you are a female: • have you ever given birth, had a miscarriage or an abortion? • are you pregnant?	☐ NO ☐ NO	☐ YES ☐ YES	
> After giving blood, will you undertake a physical activity, practice a sport or work in a security post?	☐ YES	☐ NO	
C. SINCE YOU WERE BORN, HAVE YOU EVER			
> been diagnosed with cancer?	☐ YES	☐ NO	
> been operated on your brain or spinal cord?	☐ NO	☐ YES	
> had a tissue transplant?	☐ NO	☐ YES	
> received treatment with growth hormones before 1989?	☐ YES	☐ NO	
> taken medication for acne or psoriasis?	☐ NO	☐ YES	
> had a member of your family with Creutzfeld-Jakob Disease?	☐ YES	☐ NO	
> had a cardiovascular disease (irregular heartbeat, chest pain, heart attack,...)?	☐ YES	☐ NO	
> had a stroke, epileptic or any kind of seizures?	☐ YES	☐ NO	
> had a blood disease or clotting problems?	☐ NO	☐ YES	
> had severe allergy or asthma?	☐ NO	☐ YES	
> had one or more malaria attacks, or Chagas disease?	☐ YES	☐ NO	
> had any other disease that required regular medical follow-up?	☐ NO	☐ YES	
D. HAVE YOU - IF YOU HAVE ALREADY GIVEN BLOOD: SINCE YOUR LAST DONATION - IF THIS IS YOUR FIRST BLOOD DONATION: SINCE YOU WERE BORN			
> been hospitalised, operated under general, epidural, or locoregional anaesthetic?	☐ YES	☐ NO	
> received blood? If yes, in which country?	☐ NO	☐ YES	
> been treated for (or been infected with) a sexually transmitted disease or infection (HIV / AIDS, hepatitis, syphilis,...)?	☐ NO	☐ YES	
> been in close contact with a person who suffers from hepatitis, AIDS or another serious infectious disease?	☐ YES	☐ NO	
> had a skin rash (blisters, patches, red spots) or been bitten by a tick?	☐ NO	☐ YES	
> travelled outside Belgium (even for one day) ? If yes, in which country?	☐ YES	☐ NO	
> had a sexual partner who travelled outside Europe during the last 4 months ?	☐ YES	☐ NO	

E. HAVE YOU - IF YOU HAVE ALREADY GIVEN BLOOD: SINCE YOUR LAST DONATION - IF THIS IS YOUR FIRST BLOOD DONATION: WITHIN THE LAST 4 MONTHS			
> been ill? If yes : with a fever (>38°C) ?	☐ YES ☐ NO	☐ NO ☐ YES	
> consulted a doctor?	☐ NO	☐ YES	
> been to the dentist?	☐ YES	☐ NO	
> taken any medication, even an aspirin? If yes, which one(s)?	☐ YES	☐ NO	
> been vaccinated or followed a desensitisation treatment?	☐ NO	☐ YES	
F. OTHER RISK FACTORS FOR CARRYING A BLOOD TRANSMITTED INFECTION			
> Have you ever used intravenous or intramuscular hard drugs ?	☐ YES	☐ NO	
HAVE YOU - IF YOU HAVE ALREADY GIVEN BLOOD: SINCE YOUR LAST DONATION - IF THIS IS YOUR FIRST BLOOD DONATION: WITHIN THE LAST 4 MONTHS			
> had an endoscopy (gastroscopy, colonoscopy, fibroscopy, ...) ?	☐ YES	☐ NO	
> been treated by acupuncture or mesotherapy?	☐ YES	☐ NO	
> had a tattoo or a piercing (including earrings)?	☐ NO	☐ YES	
> been in contact with human blood by means of injection, wounds, splashing (in a professional capacity or in another context)?	☐ NO	☐ YES	
> used (sniffed) intranasal drugs ?	☐ YES	☐ NO	
> had a new partner, even an occasional one?(*)	☐ NO	☐ YES	
HAVE YOU - IF YOU HAVE ALREADY GIVEN BLOOD: SINCE YOUR LAST DONATION - IF THIS IS YOUR FIRST BLOOD DONATION: WITHIN THE LAST 12 MONTHS			
> if you are a male, had sex with a man? (*)	☐ NO	☐ YES	
> had sex for money, goods or services ? (*)	☐ YES	☐ NO	
> had sex with more than one partner? (*)	☐ NO	☐ YES	
> had a sexual partner born in a country outside of Western Europe and who had been living in Belgium for less than 12 months? (*)	☐ NO	☐ YES	
> had a sexual partner who ever used intravenous or intramuscular hard drugs ?	☐ NO	☐ YES	
> had a sexual partner who has (had) a sexually transmitted infection (HIV/AIDS, B or C hepatitis, syphilis, ...) ? (*)	☐ YES	☐ NO	
> had a sexual partner who, to the best of your knowledge, in the last 12 months : • had sex with more than one partner? (*) • had sex for money, goods or services? (*) • (if male sexual partner) had sex with a man? (*)	 ☐ NO ☐ YES ☐ NO	 ☐ YES ☐ NO ☐ YES	

(*) sex with or without a condom

I CONFIRM THAT THE INFORMATION THAT I GIVE IS EXACT AND COMPLETE TO THE BEST OF MY KNOWLEDGE		
I authorise the Service du Sang to take, analyse and transfuse my blood to one or several patients	☐ YES	☐ NO
I accept that in certain cases, one or several components of my blood may be used for medical or scientific research.	☐ YES	☐ NO

SIGNATURE OF THE DONOR	SIGNATURE OF THE EXAMINER
Date ..... /..... / 20	Date ..... /..... / 20 .....

Donation nr

The Service du Sang collects personal administrative and medical details for blood transfusion reasons. The persons whose data are collected have the right to access and to ask to correct this information in compliance with the law of 8 December 1992 and its implementing decrees. Medical information can be communicated to you or a doctor (or several doctors) of your choice upon your request. In no case it can be communicated to any other person.