Beijing Tongzhou Central Blood Station

Volunteer Blood Donors Registration Form

Blood donation site: _____

Although I didn't know you

A lot of thanks to you

Dear Lady/ Gentleman:

For your health, please read the health condition consulting table carefully and fill in it actually. If you require clarification on any of the questions below, please contact with the medical staff, and we'll keep secret for your information. Thank you for your cooperation!

1. Health Condition Consulting Table

If any of the following apply to you: Tick √(yes) or ×(no) in the boxes.

□ 1.Caught cold or suffered from acute gastroenteritis in the past week.	□ 23. Have sexual behavior with 20-22 items' personnel.
□ 2. Acute urinary tract infection within one month.	□ 24. Intake any medicine which could influence platelets' function like aspirin within 5 days.
□3. Pneumonia within 3 months.	□ 25. Have received measles , mumps ,yellow fever or poliomyelitis vaccine within 2 weeks.
□ 4. Emaciation, persistent fever, Diarrhea or Lymphadenopathy within 3 months.	□26. Have received rubella or rabies vaccine within 4 weeks.
□5. Dysentery within 6 months.	□ 27. Have received animal's serum injections within 4 weeks.
□6.Typhoid in the past year.	□28. Have received HBV immunoglobulin in the past year.
□7. Malaria within 3 years.	□29. Have bitten by rabies and received rabies vaccine in the past year.
□8. Malignant tumor or severe benign tumor.	□30. Have teeth extracted or other minor operations within 2 weeks.
□9. Tuberculosis.	□ 31. Operations on appendix, hernia or tonsil within 3 months, or any admitted surgical operation in the past 6 months.
□10. Heart disease , Pulmonary disease, Nephro -pathy, Liver disease or Hematologic diseases.	□32. Have received tattoo in the past year.
□11. Hypertension, or hyperlipidemia.	□33. Have received whole blood or blood components transfusion within 5 years.
□12. Endocrine diseases such as Hyperthyroid -ism, and diabetes mellitus.	□34. Have treated disease by human growth hormone.
□13. Severe gastric ulcer or duodenal ulcer.	□35. Other diseases.
□14.Allergic diseases such as urticaria, bronch -ial asthma, and drug allergic diseases.	If you are woman, please answer the questions below.
□15. Leprosy.	□Menstruation period or Pregnant.
□16. Carrier for hepatitis B or hepatitis C.	□ Had abortion within 6 months, or breast-feeding less than 1 year.
□17. Chronic skin disease or skin infection.	
□ 18.Cerebral trauma sequela, epilepsia, schiz -ophrenia, hysteria, and severe neurasthenia.	
□19. High myopia changes of fundus oculi.	
□20. AIDS or be infected with HIV .	
□ 21. Illegal drug addictor, multiple sexual partners.	
□22. Syphilis , gonorrhea or other sex transmit -ed diseases.	

Donor's Signature:

Notes:

1. Please contact with Beijing CDC (Tel: 010-12320) if you want to test for HIV infection only.
2. Within 12 hours after your donation, if you become aware of any risk that your blood may affect patient health, please call our Services Hotline at 010 89526727 or 010 69513399, we'll discard your blood.

Date:

Medical staff's Signature:

Date:

2. Donor's Information

Full name		Gender	☐Male ☐Female	Date of birth	
Passport or ID	☐ ID ☐others( )	Passport No. or ID Code			
Nationality		Education Background	☐ Master or Doctor ☐ Graduate ☐College ☐Technical secondary school ☐High School ☐Junior high school		
Occupation	☐ Worker ☐Farmer ☐ Student ☐ Soldier ☐Government staff ☐Clerk ☐ Medical staff ☐Others ( )				
Work Unit				Postcode	
Address				Postcode	
Telephone Number			Mobile phone Number		
Donation Times		Date of Last Donation			
Donation of this time	Whole Blood		Blood Component		
	☐200ml ☐400ml		☐1 unit Platelet ☐2 units Platelet ☐Others		
Personal Statement & Signature	Inform me of the next donation after 6 months ☐Yes ☐ No				
	I agree to be a stationary blood donor ☐ Yes ☐No				
	I volunteered to join the ranks of emergency blood donation ☐Yes ☐ No				

Blood Donor Statement

I have known as a blood donor, should have the rights and obligations, participate blood donation voluntary and agreed to provide for blood testing and use. I understand blood test results are the need for safe blood transfusion and can not be used for disease diagnosis or other purposes. I certify that the information completed above is true.

Hereby.

Donor's Signature: **Date:**

Blood Bar Code:	Blood Type of File:

3. Physical Examination and Test Records

Physical Examination	Weight	Body temperature	Blood Pressure	Pulse	**Signature**
	Kg		/ Kpa	/Min	
Pre-donation testing	Blood Type	HBsAg	Hb	ALT	**Signature**
Blood Routine Examination	Test value		Reference Standard		
	HGB:	g/L	Male: ⩾120 g/L Female: ⩾110 g/L		
	HCT:		⩾0.36		
	PLT:	/L	⩾150x10^9/L		
	Signature:				
Checking Opinion	☐Allow ☐Respite ☐Disagree				
Medical staff's Signature:		**Date:**	**Donor's Signature:**		

4. Blood Collection Records

Blood Volume		Collection Position	☐Left arm ☐Right arm
Process of Blood Collecting	☐Successfully ☐Second puncture ☐Others ( )		
Signature		Blood Collection Time	
Blood adverse reactions ☐Yes ☐No	Treatment records(Symptoms and Signs, Treatment, Improvement)		
Comments:			