

Blood donation site: \_\_\_\_\_ Group voluntary site: \_\_\_\_\_

## Registration Form For Blood Donor

### donor health check and informed consent

**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!

**I . Health Condition Consulting Table(If any of the following apply to you: Tick  $\sqrt{}$ (yes)or  $\sqrt{}$ (no)in the boxes).**

	YES	NO
1.Have symptoms such as dizziness at present?	<input type="checkbox"/>	<input type="checkbox"/>
2.Take part in dangerous sports after blood donation? long drive heavy trucks? underground work or high above the ground work?	<input type="checkbox"/>	<input type="checkbox"/>
3.(women fill) three days before or after menstruation? during menstrual period? pregnant? have delivery within one year or aboration within six months?	<input type="checkbox"/>	<input type="checkbox"/>
4. Had injected toxoid 、 inactivated vaccine or genetic engineering vaccine in the past 24 hours(eg.cholera、typhia、diphtheria、tetanus、hepatitis A、hepatitis B、influenza、poliomyelitis、pertussis .etc) and have symptoms or adverse effects?	<input type="checkbox"/>	<input type="checkbox"/>
5.Had oral nursing in the past 3 days? (eg.toothwash.etc)	<input type="checkbox"/>	<input type="checkbox"/>
6.Had took aspirin or other anicogulant drugs in the past 5 days?	<input type="checkbox"/>	<input type="checkbox"/>
7.Caught cold or suffered from acute gastroenteritis in the past week? have any unhealed wound or scytitis?	<input type="checkbox"/>	<input type="checkbox"/>
8.Had tooth extractions in the past 2 weeks? have had extensive inflammation of the skin? had any minor surgeries?	<input type="checkbox"/>	<input type="checkbox"/>
9.Had injected measles, mumps, yellow fever or poliomyelitis vaccine within 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
10.Had contacted with patients with infectious disease within 4 weeks? (eg.chickenpox、measles、 tuberculosis.etc)	<input type="checkbox"/>	<input type="checkbox"/>
11.Had injected attenuated live vaccines beside of the vaccines in the article 9 within 4 weeks?(eg. typhoid fever 、 rubella、 hydrophobia、 chickenpox vaccine)	<input type="checkbox"/>	<input type="checkbox"/>
12.Had unexplained reason of multiple or chronic diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>
13.Have tattoo、 ears pierced or being stabbed by used needle? had accidental contacted with blood or blood contaminant?	<input type="checkbox"/>	<input type="checkbox"/>
14.Have received HBV immunoglobulin in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
15.Had scratched or bitten by animals and received rabies vaccine in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
16.Had received surgery in the past year(included interventional diagnosis and treatment)?had blood transfusions?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health condition</b>	<b>YES</b>	<b>NO</b>
<b>17.Does either of these descriptions fit you?</b>	<input type="checkbox"/>	<input type="checkbox"/>
1)received coagulation factor therapy? received adenohipophysial hormone (eg.human growth hormone)?		
2)yourself or direct relatives had Creutzfeldt Jakob disease(eg.BSE.etc)?		
3)have had dizzy(excepted hyperpyretic convulsion of children)、 convulsion or unconsciousness?		
4)have had hypersensitivity disease or repeated allergy symptoms?		
5)have had infected taenia solium、 ascaris lumbricoides、 pinworm?and still not cured?		
6)have had tuberculosis or extrapulmonary tuberculosis ( eg.nephrotuber 、 bone tuberculosis 、 enterophthisis.etc ) ?		
7)have been forbidden to donate blood?		

**18. Have had serious disease?**☐ ☐

- 1) circulation system disease(eg. coronary artery disease、hypertension、valvular heart disease.etc)
- 2) respiratory disease(eg. bronchial asthma、bronchiectasia、chronic bronchitis、emphysema.etc)
- 3) digestive system disease( eg. gastric ulcer、duodenal ulcer、ulcerative colitis.etc)
- 4) hematological disease(eg. hemolytic anemia、aplastic anemia、clotting hemorrhagic.etc)
- 5) malignant tumor(eg. gastric cancer、esophageal cancer、lung cancer、leukemia.etc)
- 6) nutrition metabolism and endocrine disorder(eg. diabetes、hyperthyroidism.etc)
- 7) nervous system disease(eg. epilepsy、cerebral hemorrhage.etc)
- 8) nervous-mental system disease(eg. depression、mania.etc)
- 9) urinary and reproductive system diseases(eg. kidney、bladder、urethral diseases.etc)
- 10) immune system disease(eg. systemic lupus erythematosus、rheumatoid arthritis.etc)
- 11) chronic dermatopath(eg. favus、generalized eczema、generalized psoriasis.etc)
- 12) serious parasitic disease(eg. schistosomiasis、filariasis、trematodiasis.etc)
- 13) other serious disease

**19. Have ever had infectious diseases or venereal diseases?**☐ ☐

- 1) have ever had HAV within 12 months?
- 2) have viral hepatitis or being infected? blood test for viral hepatitis is positive(eg. HBV、HCV)?
- 3) infected with syphilis or treponema pallidum test was positive?
- 4) infected with HIV or HIV test was positive?
- 5) have got gonorrhea or condyloma acuminata?
- 6) had malaria within 3 years? had been to malarious area within 12 months?

**Habits and customs****YES NO****20. Does either of these descriptions fit you?**☐ ☐

- 1) have you take drug abuse or inject drugs?
- 2) had sexual contact with someone for money(or takes money)?
- 3) if you are a male donor, did you have sexual contact with another male?
- 4) had experienced sex with multiple partners at the same time?
- 5) had some other conditions that you think is not suitable for blood donation?

**21. Did you have sexual contact with the following people within 12 months?**☐ ☐

- 1) who was suspected of infected HIV or HIV test was positive?
- 2) drug abuse or inject drug?
- 3) engaged in sexual service?
- 4) man who have sex with both men and women?
- 5) had some other conditions that you think is not suitable for blood donation?

**Travel outside CHINA****YES NO****22. Do you have the following conditions?**☐ ☐

- 1) from 1980 to the present, did you spend time that adds up to 5 years or more in Europe? or received a blood transfusion in the United Kingdom?
- 2) from 1980 through 1996, did you spend time that adds up to 3 months or more in the United Kingdom、Ireland or France?
- 3) had you spend time in infected area(eg. plague、cholera、yellow fever、malaria.etc)?

**Donor's Signature:****Medical staff's Signature:****Date:****Date:**