Thank you for your generosity

Donor questionnaire

Australian Red Cross Lifeblood®

Important information for a safe, comfortable donation.

At Lifeblood, your safety is our priority. We have experienced team members at your side to make your donation as safe and comfortable as possible.

This questionnaire helps keep you and patients safe. Each question is important and you must answer honestly. Giving false or misleading information may lead to fines and imprisonment. Some people MUST NOT give blood as it may not be safe for them, or the transfused patient. You can change your mind at any time — just let us know.

Fainting

About 2 in 100 donors feel faint (dizzy, light-headed, hot or sweaty). Symptoms usually resolve quickly. About 1 in 1,000 donors faint (lose consciousness). Feeling faint or fainting is more common in donors who are younger, female or new. Donors over 50 years old are more likely to feel faint after leaving the donor centre.

Reduce the chance of fainting

In the 24 hours before, drink 8 to 10 glasses of fluid.

In the 3 hours before, drink 750 mL of fluids, eat something salty and avoid strenuous exercise.

Afterwards, spend at least 15 minutes in the refreshment area. If you have had any donation reaction or are 70 or older, please stay at least 30 minutes.

For 8 hours after, drink plenty of fluids. Avoid alcohol, as well as standing for long periods or getting overheated.

For 12 hours after, avoid strenuous and hazardous activities, including jobs where public safety may be affected — check with your employer or ask in your interview.

If you feel faint:

- Lie or sit down with your head between your knees
- Repeatedly squeeze and release your inner thigh and abdominal muscles
- Ask for help
- If you're driving, pull over, park, lay your seat back and call for assistance. **Do not continue driving.**

Bruising

Small bruises are very common and larger bruises, which may be uncomfortable, occur about every 1,500 donations. To reduce the risk, keep the bandage on for 2 hours and minimise lifting or carrying with your donation arm for 24 hours.

If you develop a bruise, an ice pack and/or pain reliever may help. If you bleed, apply pressure and raise your arm.

Reactions requiring outside medical care

About 1 in 1,500 donors experience a side effect that requires outside medical care, including events related to skin disinfection and needle placement (e.g. allergy, local inflammation, infection, piercing an artery, clot or nerve injury).

Iron levels

Donation can cause low iron, particularly in frequent blood donors and women of child-bearing age. This may cause tiredness, poor concentration and low haemoglobin (anaemia).

We recommend a healthy, iron-rich diet, and that women aged 18-45 take iron supplements after each blood donation. In particular, women trying to become pregnant need healthy iron levels for pregnancy.

We check your haemoglobin before every donation **and, if you're donating blood, test your iron (ferritin) periodically.** Speak with your doctor before donating if you're concerned about iron or how often to donate.

For more information on the risks of donating blood, and our iron recommendations, ask one of our team or visit **lifeblood.com.au.**

Testing your donation

For patient safety, all successful donations are tested for hepatitis A, hepatitis B, hepatitis C, parvovirus B19 and HIV. Some donations are tested for HTLV, syphilis, and genes related to blood groups and iron variants.

We'll let you know if your results are significantly abnormal.

Please call us immediately on 13 14 95 if you:

- Develop a cough, cold, diarrhoea or other infection within a week of donating
- Are diagnosed or hospitalised with a serious infection within 2 months of donating, or
- Learn of any reason why your blood shouldn't be used.

If you feel unwell or are concerned after your donation, speak to a team member, call us on **13 14 95**, or see your doctor.

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A. New and returned donors

Please complete this section only if:

- you are a new donor, or
- you have not donated within the last 2 years.

Otherwise, proceed to **section B.**

Please complete using blue or black ink (not pencil) by placing a cross or a tick in the relevant box.

A1	Have you ever volunteered to donate blood or plasma before?	Yes ☐	No ☐
	A1a **If 'Yes':** Where? _____ When? _____		
A2	Have you ever been advised not to give blood?	Yes ☐	No ☐
A3	Have you ever had: • Anaemia or any blood disorder? • A serious illness, operation or been admitted to hospital?	Yes ☐	No ☐
A4	Have you ever had: • Stroke or epilepsy? • Heart or blood pressure problems, or chest pain? • Rheumatic fever or a heart murmur?	Yes ☐	No ☐
A5	Have you ever had: • Bowel disease? • Lung problems including tuberculosis (TB)?	Yes ☐	No ☐
A6	Have you ever had: • Diabetes? • A thyroid disorder? • An autoimmune disease e.g. rheumatoid arthritis or lupus?	Yes ☐	No ☐
A7	Have you ever: • Had cancer of any kind including melanoma? • Received a transplant or graft (organ, bone marrow, cornea, dura mater, bone, etc.)?	Yes ☐	No ☐
A8	Have you ever had: • Jaundice (yellow eyes/skin) or hepatitis? • Malaria, Q fever or Chagas' disease? • Syphilis?	Yes ☐	No ☐
A9	Have you ever had treatment with the medication TIGASON (Etretinate) or NEOTIGASON (Acitretin)?	Yes ☐	No ☐
A10	Have you had a neurosurgical procedure involving the head, brain or spinal cord between 1972 and 1989?	Yes ☐	No ☐
A11	Have you received injections of human growth hormone for short stature or human pituitary hormone for infertility prior to 1986?	Yes ☐	No ☐
A12	What was your country of birth? _____		
A13	Have you ever been outside Australia, including being born overseas?	Yes ☐	No ☐

If your answer to question 13 is 'No' please go straight to Section B on the next page.

A14	Have you ever spent a continuous period of 6 months or more outside Australia at any stage of your life?	Yes ☐	No ☐
A15	Have you been outside Australia in the last 3 years?	Yes ☐	No ☐
	A15a **If 'Yes':** Have you been in Papua New Guinea (PNG) in the last 3 years?	Yes ☐	No ☐
A16	Have you ever received a transfusion or injection of blood or blood products in Mexico, Central America or South America?	Yes ☐	No ☐

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B. Medical questionnaire

All donors please complete this section.
Please complete using blue or black ink (not pencil) by placing a cross or tick in the relevant box.

B1	Are you feeling healthy and well?	Yes ☐	No ☐
B2	Did you have any side effects after leaving the donor centre after your last donation? This is my first donation ☐	Yes ☐	No ☐
B2a	**If 'Yes':** Did you report this to Australian Red Cross Lifeblood?	Yes ☐	No ☐
B3	Are you allergic to the antiseptic chlorhexidine?	Yes ☐	No ☐
B4	What is your weight? _____ kg *Note: If you're unsure, please weigh yourself on the scales provided.*		
B5	In the next 3 days, do you intend to participate in any activity which would place you or others at risk of injury if you were to become unwell after donating, such as driving public transport, operating heavy machinery, underwater diving, piloting a plane or other activities?	Yes ☐	No ☐
B6	In the last week, have you: • Had dental work, cleaning, fillings or extractions? • Taken any aspirin, pain killers or anti-inflammatory preparations? • Had any cuts, abrasions, sores or rashes?	Yes ☐	No ☐
B7	In the last week, have you had a gastric upset, diarrhoea, abdominal pain or vomiting?	Yes ☐	No ☐
B8	Since your last donation, have you – or if you're a new donor, have you in the last 12 months: • Been unwell? • Seen a doctor or any health care practitioner? • Undergone any tests/investigations? • Had an operation/surgical procedure?	Yes ☐	No ☐
B9	Since your last donation, have you – or if you're a new donor, have you in the last 12 months – had chest pain/angina or an irregular heartbeat?	Yes ☐	No ☐
B10	Since your last donation, have you – or if you're a new donor, have you in the last 12 months: • Had shingles or chickenpox? • Had any immunisations/vaccinations (including as part of a clinical trial) other than influenza vaccine in Australia (e.g. fluvax)?	Yes ☐	No ☐
B11	Since your last donation, have you – or if you're a new donor, have you in the last 12 months – had a sexually transmitted infection e.g. syphilis, gonorrhoea or genital herpes?	Yes ☐	No ☐
B12	Since your last donation, have you – or if you're a new donor, have you in the last 12 months – taken or used any medication, including: • Regular medication? • Clinical trial medication? • Acne or other skin condition medications?	Yes ☐	No ☐
B13	Since your last donation, have you – or if you're a new donor, have you in the last 12 months – taken or used: • PrEP (pre-exposure prophylaxis) to prevent HIV infection? • Injectable medications?	Yes ☐	No ☐
B14	Do you know anyone in your family who had or has: • Creutzfeldt-Jakob disease (CJD)? • Gerstmann-Sträussler-Scheinker syndrome (GSS)? • Fatal familial insomnia (FFI)?	Yes ☐	No ☐
B15	Since your last donation, have you - or if you're a new donor, have you in the last 12 months - been pregnant (including miscarriage and termination of pregnancy)? I am male ☐	Yes ☐	No ☐
B15a	**If 'Yes':** Have you been pregnant in the last 9 months?	Yes ☐	No ☐

If you have completed Section A today, please go to Section C on the next page.

B16	Have you been in Papua New Guinea (PNG) in the last 3 years?	Yes ☐	No ☐
B17	Since your last donation, have you been outside Australia?	Yes ☐	No ☐
B18	Since your last donation, have you received a transfusion or injection of blood or blood products?	Yes ☐	No ☐

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C. Donor declaration

All donors please complete this section.
Please complete using blue or black ink (not pencil) by placing a cross or tick in the relevant box.

C1	To the best of your knowledge, have you EVER thought you could be infected with HIV or have AIDS?	Yes ☐	No ☐
C2	To the best of your knowledge, have you EVER had a test which showed you had hepatitis B, hepatitis C, HIV or HTLV?	Yes ☐	No ☐
C3	To the best of your knowledge, in the last 5 years have you "used drugs" by injection or been injected with drugs not prescribed by a doctor or dentist?	Yes ☐	No ☐
C4	In the last 12 months have you had an illness with both a rash AND swollen glands, with or without a fever?	Yes ☐	No ☐
C5	In the last 12 months have you been imprisoned in a prison or been held in a lock-up or detention centre?	Yes ☐	No ☐
C6	In the last 12 months have you had (yellow) jaundice or hepatitis or been in contact with someone who has?	Yes ☐	No ☐
C7	In the last 6 months have you had sex, excluding oral sex, with **someone new**? *This means having sex with someone for the first time, or resuming having sex with someone from a previous relationship.*	Yes ☐	No ☐
C7a	**If 'Yes':** Have you had anal sex in the last 3 months? *Anal sex is defined as penetrative or receptive penile-anal intercourse only, with or without condoms. It does not apply to oro-anal sex or the use of sex toys.*	Yes ☐	No ☐
C8	In the last 6 months have you had sex, excluding oral sex, with **more than one person**? *Sex with more than one person includes more than one person at the same time or at different times.*	Yes ☐	No ☐
C8a	**If 'Yes':** Have you had anal sex in the last 3 months? *Anal sex is defined as penetrative or receptive penile-anal intercourse only, with or without condoms. It does not apply to oro-anal sex or the use of sex toys.*	Yes ☐	No ☐
C9	In the last 4 months have you been injured with a used needle (needlestick)?	Yes ☐	No ☐
C10	In the last 4 months have you had a blood splash to eyes, mouth, nose or to broken skin?	Yes ☐	No ☐
C11	In the last 4 months have you had a tattoo, body and/or ear piercing or acupuncture?	Yes ☐	No ☐
C12	In the last 4 months have you had a blood transfusion?	Yes ☐	No ☐
C13	In the last 3 months have you engaged in sexual activity with someone who had a test which showed they had hepatitis B, hepatitis C, HIV or HTLV?	Yes ☐	No ☐
C14	In the last 3 months have you engaged in sexual activity with someone who has ever "used drugs" by injection or been injected, even once, with drugs not prescribed by a doctor or dentist?	Yes ☐	No ☐

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C. Donor declaration (continued)

Please print:

Surname/family name _____ **Given name** _____

Date of birth ☐☐ / ☐☐ / ☐☐☐☐

How your information will be used

Your information will be:

- used to:
  - assess your eligibility to donate blood,
  - ensure the safety of both donors and recipients,
  - contact you for future donations, and
  - assist with research including improving the safety of transfusion and donation;
- treated as confidential and held in compliance with the Privacy Act 1988 (Cth), State/Territory health records legislation and Lifeblood's Privacy Policy. Our Privacy Policy explains how we collect, use, store and disclose your personal information; how you may access or seek correction of your personal information; how to make a complaint about a breach of your privacy, and how we will handle that complaint.

Our Privacy Policy is available at **lifeblood.com.au**

How your blood will be used

Thank you for your special gift of blood. Here's how your blood donation will be used:

- Most of the time, we'll use your donation to help people who are unwell. This may include the supply of plasma from your donation to CSL Behring who is contracted by the Australian government to manufacture plasma-derived medicines for Australians.
- Your donation may be used by Lifeblood or other approved organisations for the purposes of research, teaching and checking quality.
- We may supply the red cells from your donation to Australian-based companies that have a government-issued permit to produce red cell testing kits which are used by hospitals, pathology services and blood banks in Australia and other countries approved by the Australian Government, including New Zealand, to assist in the correct matching of blood for transfusions. More information about red cell testing kits is available at **lifeblood.com.au.**
- A part of your donation will also be stored in our Blood Sample Archive for possible future testing and research; samples that are no longer required will be destroyed.

Approval from an appropriate Human Research Ethics Committee is required before any research is undertaken on any part of your donation.

Occasionally we may ask you to undergo follow-up tests which you have the option to decline.

Declaration

- I agree for my donation to be used for the purposes set out above;
- I have been provided with, read and understood "Important information for a safe, comfortable donation" and had the opportunity to ask questions;
- I accept the risks associated with blood donation and agree to follow the instructions of Lifeblood staff to minimise these risks;
- I agree to notify Lifeblood if, after my donation, I become aware of any reason why my donation should not be used;
- I declare that I have understood the information on this form and answered the questions honestly and to the best of my knowledge; and
- I understand there are penalties, including fines and imprisonment, for providing false and misleading information.

This declaration is to be signed in the presence of a Lifeblood staff member.

Donor signature _____ **Date** ☐☐ / ☐☐ / ☐☐☐☐

Staff witness (please print)

Surname/family name _____ Given name _____

Signature _____ Date ☐☐ / ☐☐ / ☐☐☐☐

Donation number _____

Office use only NOTES – please make all annotations clear. Please initial and date.

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