

Donor Form

Please fill in the information on pink

Donation site and date _____

Surname _____ Forename _____

Identity code _____ The donor number _____ Blood group _____

Address and ZIP code _____

Telephone (mobile) _____

You may send me invitations

Yes No Letter, card Text Messaging Call

Additional Information:

EXEMPLAR

Luovutusnumero

VA-seulonta

ASA

Ei JPL

Ei TRT

Hb

Lisärauta

Luovutussoveltuvuus Kyllä Ei

Afereesilaitte VLS-43303-

Hoitaja _____ Aika _____

Luovutustyyppi

Poistosyy

Health Questionnaire

| | Yes | No |
|---|-----|----|
| 1. Are you feeling well? | | |
| 2. Do you have a profession or hobby in which dizziness could put you or others in danger (e.g. diving or flying)? | | |
| 3. Have you stayed in the UK for a total of over six months between 1 January 1980 and 31 December 1996? | | |
| 4. Have you had brain or meningeal surgery, a corneal transplant or some other tissue or organ transplant? | | |
| 5. Have you used a growth hormone product or received hormonal infertility treatment outside of Finland before the year 1990? | | |

| | Yes | No |
|---|-----|----|
| 6. Have you or any of your close relatives been diagnosed with Creutzfeldt-Jakob Disease (CJD)? | | |
| 7. Have you or your sex partner ever used injectable, non-prescribed - drugs - narcotics - anabolic steroids or - hormones? | | |
| 8. Have you ever had cancer or a brain tumour? | | |
| 9. Have you ever been diagnosed with a bleeding disorder by a medical doctor? | | |

Turn >

| | Yes | No |
|--|-----|----|
| 10. Have you or your sex partner or anyone living in the same household ever had hepatitis or been infected with HIV? | | |
| 11. Have you ever had malaria or another tropical disease, such as Dengue fever, Zika, unexplained fever? | | |
| 12. Were you born or have you lived outside of the Nordic countries when you were under five years old? | | |
| 12.1 Have you lived in or visited a malarial area in the past three years? | | |
| 13. Have you ever received a blood transfusion? | | |
| 13.1 Have you received a blood transfusion since the last time you donated blood? | | |
| 13.2 Have you ever received a blood transfusion outside the Nordic countries? | | |
| 14. Have you had an operation in the UK after 1 January 1980? | | |
| 15. Have you ever had a heart surgery? | | |
| 16. Do you have | Yes | No |
| 16.1 - diabetes? | | |
| 16.2 - severe sleep apnoea? | | |
| 16.3 - a severe allergic reaction (anaphylaxis) or do you have severe asthma? | | |
| 16.4 - a long-term skin condition (such as severe atopic dermatitis)? | | |
| 16.5 - an attack of unconsciousness or a convulsive attack in the last 3 years or have you used drugs for the prevention of such attacks? | | |
| 16.6 - a blood, pulmonary, hepatic, renal or intestinal disease? | | |
| 16.7 - any other long-term or severe illness? | | |
| 17. Have you had or do you currently have a cardiovascular disease (including a disorder of the cerebral circulation, hypertension, coronary artery disease, myocardial infarction, arrhythmia, valvular disease or embolism)? | | |
| 18. During the past two years, have you taken oral medications to treat acne, psoriasis or prostate problems? | | |

For men only:

| | Yes | No |
|--|-----|----|
| 19. Have you ever had sexual relations with another man? | | |
| If you answered yes to the previous one, then 19.1 Have you had sexual relations with another man during the past 12 months? | | |

| | Yes | No |
|---|-----|----|
| 21. Have you or has your sexual partner paid or received payment for sex in the past 12 months? | | |
| 22. Have you been hospitalised or undergone surgery in the past six months? | | |
| 23. Have you lived or travelled outside the Nordic countries in the past six months? | | |
| 26.1 Have you received acupuncture or cupping treatments in the past four months? | | |
| 26.2 Have you had a tattoo engraved on your skin or had your skin pigmented or pierced in the past four months? | | |
| 26.3 Have you had your skin punctured by a used needle or otherwise been exposed to another person's blood in the past four months? | | |
| 26.4 Have you had an endoscopy in the past four months? | | |
| | Yes | No |
| 27. Have you had a new sex partner in the past four months? | | |
| 28. Have you been diagnosed or received treatment for a sexually transmitted infection in the past four months? | | |
| 29. Have you ever been diagnosed with syphilis? | | |
| 30. Have you been vaccinated in the past four weeks? | | |
| 31. Are you currently receiving medical care or under medical observation? | | |
| 32. During the past two weeks, have you - been ill, - visited a doctor or nurse, - visited a dentist? | | |
| 33. During the past two weeks, have you used: - a medicine, or - a narcotic substance? | | |
| 34. I am aware that I cannot donate blood while intoxicated, in hangover or under the influence of narcotics. | | |

For women only:

| | Yes | No |
|---|-----|----|
| 20. Do you have a male sex partner who has had sexual relations with another man in the past 12 months? | | |
| 24. Have you been pregnant in the past six months or are you currently breastfeeding? | | |
| 25. Have you been pregnant since the last time you donated blood? | | |

Yes No

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|--|--|
| | |
| | |

- I have read and understood Donor Information Pack. I understand the eligibility criteria to donate blood. I agree to be a voluntary donor.

- I affirm that I have answered the questions truthfully and to the best of my knowledge.

Interviewer's
signature: _____

Donor's
signature: _____