APPROVED

by Order No. V-411 of 27/03/2014

of the Minister of Health of the Republic of Lithuania

**QUESTIONNAIRE FOR BLOOD AND BLOOD COMPONENT DONORS**

**The donor must complete this questionnaire every time before donating blood or blood components. If you have any questions, please ask the physician of the blood donation institution.**

**Donor’s name and surname**

Yes No

1. Are you feeling well? □ □
2. Over the past two years, have you experienced any of the following without an apparent reason?

* Weight loss □ □
* Fever □ □
* Diarrhoe □ □
* Rashes on skin, mucosa or lips □ □
* Enlarged lymph nodes □ □

1. Over the past month, have you taken any medication, had any vaccinations or dental visits? □ □
2. Have you read and do you know and understand what AIDS, hepatitis and safe sex are

and that a partner may transmit hepatitis even though they have never had jaundice? □ □

1. Over the past 12 months, have you had sexual intercourse with a partner who:

* was infected with human immunodeficiency or hepatitis viruses? □ □
* had used injection drugs? □ □
* had been receiving remuneration (especially in cash or drugs) for sex? □ □
* has haemophilia? □ □

1. Have you ever used drugs, in particular, injection? □ □
2. Have you ever had sexual intercourse for money or drugs? □ □
3. Question for men:

* Have you ever had sexual relations with other men? □ □

1. Question for women:

* Do you think your partner could have had sexual relations with other men? □ □

1. Over the past 12 months, have you:

* undergone medical examination or surgery? □ □
* had any piercings or tattoos done or undergone acupuncture treatment? □ □
* had a transfusion of blood components? □ □

1. Question for women:

* Are you or have you been pregnant over the past 12 months? □ □

1. Do you have any relatives who have Creutzfeldt–Jakob disease? □ □
2. Have you been treated with preparations produced from human or animal organs? □ □
3. Over the past 12 months, have you been in places of pre-trial detention or imprisonment? □ □
4. Have you had any domestic relations with persons infected with human immunodeficiency or

hepatitis viruses (family members, people at work, friends)? □ □

1. Where were you born?
2. Have you lived abroad? Where and for how long?
3. Have you travelled abroad? Where and for how long?
4. Have you ever had any of the following?

* Jaundice, malaria, tuberculosis, rheumatic fever □ □
* Cardiovascular diseases, high blood pressure diseases □ □
* Allergies, asthma □ □
* Nervous diseases, seizures, disturbances of the state of consciousness □ □
* Chronic diseases (diabetes, malignant diseases, gastric ulcer) □ □
* Blood diseases □ □
* Sexually transmitted diseases □ □

1. Is your job risky? □ □
2. Have you ever refused to donate blood or blood components? □ □
3. Has it ever been refused to collect your blood or blood components? □ □
4. What would you like to donate?

* Blood □ □
* Plasma □ □
* Platelets □ □
* Erythrocytes □ □
* Double quantity of erythrocytes □ □

I hereby confirm that I have read and understood the educational materials provided, had an opportunity to ask questions and received adequate answers to all questions. Based on the information provided, I agree to continue the process of blood or blood component donation. I assure that to my knowledge, all information provided by me is true.

Donor Physician of blood donation institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, date Signature, date

KK KRC KVS P No. 04

F-04.01

HOSPITAL OF LITHUANIAN UNIVERSITY OF HEALTH SCIENCES KAUNO KLINIKOS

**BLOOD CENTRE**

**DONOR’S CONSENT TO DONATE BLOOD OR BLOOD COMPONENTS**

(Donor’s name, surname, age)

1. **Substance, nature and purpose of blood or blood component collection/donation:**

* A donor must be a healthy person whose health condition is compliant with the requirements set forth by the Ministry of Health. The donor voluntarily donates blood or blood components (erythrocytes, platelets, plasma).
* Blood collected from a donor is used for medical purposes: preparing blood components for transfusions.
* The instruments used are disposable and sterile. Therefore, in terms of transmission of infection, the procedure is safe.
* During a single donation, a standard blood volume of 450 ml is collected as well as up to 30 ml for compulsory tests.
* During collection of blood components, a volume of blood components, which is safe according to the donor’s blood composition criteria, is collected using an apheresis machine.
* Blood can be donated every two months, but not more than 4 times per year for women. Blood components may be donated as follows: platelets and plasma every 14 days, erythrocytes every 4 months for men and every 6 months for women.
* The donor should be well-rested, after a good night’s sleep and have a meal before donation.
* After donation, the donor must rest at the Blood Centre for 20 minutes. The puncture must be bandaged for at least two hours.

1. **Possible side effects of donation:**

* Pain, bruising at the place of puncture.
* General faintness, dizziness, nausea, heart palpitations.
* Moderate and severe reactions (fainting, loss of consciousness) are rare.

**If you feel symptoms of any of the above reactions, immediately inform the employee performing the procedure in order to receive necessary medical assistance.**

1. **Donor’s confirmation:**

* By signing this document, I confirm that I am aware of the substance, nature and purpose of blood or blood component collection, possible side effects and other essential circumstances, which may affect my decision to consent to or refuse the donation of blood or blood components.
* It has been clearly explained to me that side effects may occur during and/or after the donation of blood or blood components. I am aware what those side effects are and that in case of their occurrence, I would receive qualified medical assistance.
* I am aware that I must inform the physician about all and any past health problems, diseases, medications taken previously or currently, allergic reactions, previous blood or blood component donations, experienced side effects and all other known information required for proper donation of blood.
* I have been informed about the processing of my personal data by the HLUHS Kauno Klinikos Blood Centre and Blood Donors Register.
* I have been provided with and read the Personal Data Processing Rules of HLUHS Kauno Klinikos.
* I have been provided with and read the Information about the Processing of your Data by Blood Donors Register.
* I have read the text of this consent to donate blood or blood components or it was read to me and

**I CONSENT to donate blood/blood components (**underline the required one).

**Donor’s name, surname, signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**