



Donation number

New opening hours:

Basel Blood Donation Centre
Mon / Tue / Weds 10:00am - 2:00pm
4:00pm - 7:00pm
Thur / Fri 7:30am - 2:00pm
2nd + 4th Saturdays of the month 9:00am - 2:00pm
Baselland Cantonal Hospital in Liestal
Weds 5:00pm - 8:00pm

New donor registration possible up to 1 hour before closing.

Please note our changed opening hours before and on public holidays.

Stiftung Blutspendezentrum SRK beider Basel, Hebelstrasse 10, CH-4031 Basel
Tel: +41(0) 61 265 20 90, Fax: +41(0) 61 265 31 82, blutspende-basel@usb.ch, www.blutspende-basel.ch

Donate Blood. Save Lives.

2017

Dear donor,
As of the following date you are kindly invited to donate blood.

Empty box for date of invitation

Please complete the questionnaire on the back of this page with a blue or black pen within 24 hours prior to your blood donation and bring it with you. If you have any questions, please contact us in order to check whether you are currently able to donate.

Table with 10 columns: Neu, Typ, RhD, Sysmex, Haemo, Blutdruck, Puls, Gewicht, FER, AKOE

Bemerkungen: (durch Personal auszufüllen)

Arzt-/Erstspendergespräch: [] Ja [] Nein
Spendetauglichkeit: [] Ja [] Nein
Falls «Nein», Grund:
Arzt:
Visum BSD:

Vollständigkeit des Fragebogens und Unterschrift überprüft Datum: Visum BSD: Visum VP:

Identität kontrolliert: [] Ja [] Nein Datum: Visum BSD: Entnahmedauer:

Medical Questionnaire

2017

You have just read the **information sheet for blood donors** and you think you may donate blood. We thank you for being willing to answer with the greatest sincerity the following questions. By doing so you will substantially contribute to your own safety and to the security of the patients who will receive your blood. Please confirm by signing overleaf that you have made yourself fully acquainted with the information sheet for blood donors and that you consent today to donate blood.

		Yes	No	Visa RBTS SRC
1.	Have you ever donated blood, in the past? If so, give date of last donation _____ Where? _____	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Do you weigh more than 50 kg (or 110 lbs)?	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Are you in good health at present?	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Have you been treated by a dentist or dental hygienist in the past 72 hours?	<input type="checkbox"/>	<input type="checkbox"/>	
5.	During the past 4 weeks have you received medical care, or had a temperature of more than 38° C (or 100° F)?	<input type="checkbox"/>	<input type="checkbox"/>	
6. a)	During the past 4 weeks, have you taken any medicines (tablets, injections, suppositories) – including without prescription? If so, please specify _____	<input type="checkbox"/>	<input type="checkbox"/>	
b)	During the past 4 weeks, have you taken medicine for prostate enlargement or hair loss (e.g. Alopecia, Finacapi, Propecia or Proscar) or acne (e.g. Roaccutan, Curakne, Isotretinoin, Tretinac or Toctino)?	<input type="checkbox"/>	<input type="checkbox"/>	
c)	During the past 6 months, have you taken medicine to treat prostate enlargement (e.g. Avodart or Duodart)?	<input type="checkbox"/>	<input type="checkbox"/>	
d)	During the past 3 years, have you taken Neotigason or Acicutan (treatment of psoriasis)?	<input type="checkbox"/>	<input type="checkbox"/>	
7. a)	Have you ever received an immunotherapy (cells or serum of human or animal origin)?	<input type="checkbox"/>	<input type="checkbox"/>	
b)	During the past 12 months, have you been vaccinated to prevent rabies, hepatitis B or tetanus?	<input type="checkbox"/>	<input type="checkbox"/>	
c)	During the past 4 weeks, have you received any other vaccination? If so, please specify? _____ When? _____	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Have you ever had any of the health problems or disorders mentioned below?			
a)	Cardiac/circulatory or lung disease (e.g. high/low blood pressure, heart attack, breathing difficulty, stroke, loss of consciousness)?	<input type="checkbox"/>	<input type="checkbox"/>	
b)	Skin disease (e.g. wound, rash, eczema) or allergy (e.g. hay fever, asthma, medicines)?	<input type="checkbox"/>	<input type="checkbox"/>	
c)	Other diseases (diabetes, blood disease, coagulation disease, vascular disease, kidney disease, neurological disease, epilepsy, cancer)?	<input type="checkbox"/>	<input type="checkbox"/>	
9.	During the past 12 months or since your last blood donation have you had <input type="checkbox"/> an illness? <input type="checkbox"/> an accident? <input type="checkbox"/> surgery?	<input type="checkbox"/>	<input type="checkbox"/>	
10. a)	Have you ever received graft(s) of human or animal tissues?	<input type="checkbox"/>	<input type="checkbox"/>	
b)	Have you ever had a brain or a spinal cord surgery?	<input type="checkbox"/>	<input type="checkbox"/>	
c)	Before 1.1.1986, were you ever treated with growth hormones?	<input type="checkbox"/>	<input type="checkbox"/>	
d)	Have you or has any member of your family had confirmed or suspected Creutzfeldt-Jakob disease?	<input type="checkbox"/>	<input type="checkbox"/>	
e)	Between 1.1.1980 and 31.12.1996, did you ever stay for a period of 6 months or more in the United Kingdom (UK) (England, Wales, Scotland, Northern Ireland, Isle of Man, Channel Islands, Gibraltar and the Falkland Islands)?	<input type="checkbox"/>	<input type="checkbox"/>	
f)	Have you received one or more blood transfusions since 1.1.1980?	<input type="checkbox"/>	<input type="checkbox"/>	
11.	During the past 6 months, did you travel outside Switzerland?	<input type="checkbox"/>	<input type="checkbox"/>	
a)	If yes, where? _____ When did you return to Switzerland? _____			
b)	Did you have any clinical symptom (e.g. fever) during your stay abroad or since your return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____			

		Yes	No	Visa RBTS SRC
12. a)	Were you born outside Europe, did you grow up there or did you live there for 6 months or more? If yes, in which country? _____ If yes, since when have you lived in Europe? _____	<input type="checkbox"/>	<input type="checkbox"/>	
b)	Was your mother born outside Europe or did she grow up there, or did she live there for more than 6 months? If yes, in which country? _____	<input type="checkbox"/>	<input type="checkbox"/>	
13. a)	Have you had any of the following diseases: <input type="checkbox"/> tuberculosis, <input type="checkbox"/> Lyme disease, <input type="checkbox"/> brucellosis, <input type="checkbox"/> osteomyelitis, <input type="checkbox"/> typhus, <input type="checkbox"/> Q fever, <input type="checkbox"/> toxoplasmosis, <input type="checkbox"/> babesiosis, <input type="checkbox"/> Chagas disease, <input type="checkbox"/> malaria, <input type="checkbox"/> leishmaniasis, <input type="checkbox"/> ebola, <input type="checkbox"/> zika? When? _____	<input type="checkbox"/>	<input type="checkbox"/>	
b)	Have you had a tick bite or been in contact with infectious diseases in the past 4 weeks? If yes, specify _____	<input type="checkbox"/>	<input type="checkbox"/>	
14.	During the past 4 months have you undergone: <input type="checkbox"/> tattooing, <input type="checkbox"/> gastro-, colonoscopy, <input type="checkbox"/> acupuncture, <input type="checkbox"/> electric epilation, <input type="checkbox"/> permanent make-up, <input type="checkbox"/> body piercing, <input type="checkbox"/> contact with foreign blood (a stitch wound, blood splash hitting the eyes, the mouth or another part of the body)? If so, when? _____	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Have you ever had jaundice (hepatitis) or a positive test for hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Has anyone in your family circle, or your usual sexual partner, had jaundice (hepatitis) or a Zika infection during the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Have you been exposed to one of the following risk situations? <input type="checkbox"/> Change of sexual partner in the past 4 months <input type="checkbox"/> Sexual intercourse (with or without protection) with several partners in the past 12 months <input type="checkbox"/> During the past 12 months stayed for 6 months or longer in countries with a high AIDS rate <input type="checkbox"/> Sexual intercourse between men in the past <input type="checkbox"/> Sexual intercourse between men in the past 12 month <input type="checkbox"/> Sexual intercourse for money, drugs or medication <input type="checkbox"/> Drug injection at present or in the past <input type="checkbox"/> Positive test for HIV (AIDS), syphilis or jaundice (hepatitis B or C)	<input type="checkbox"/>	<input type="checkbox"/>	
18.	During the past 12 months, have you had sexual intercourse with partners who <input type="checkbox"/> were exposed to any of the risk situations listed in question 17 or <input type="checkbox"/> received blood transfusions in countries where AIDS is epidemic or <input type="checkbox"/> were treated for a blood-clotting disorder with medication produced from blood?	<input type="checkbox"/>	<input type="checkbox"/>	
For woman only				
19.	Have you ever been pregnant? If yes, state the date of your last pregnancy _____	<input type="checkbox"/>	<input type="checkbox"/>	
20.	Before 1.1.1986, did you receive hormone injections for infertility treatment?	<input type="checkbox"/>	<input type="checkbox"/>	

Consent form to be completed and signed by the donor:

- I hereby consent to donate my blood.
- I confirm by my signature that I have thoroughly read and understood all of the information sheet for blood donors and that any queries were satisfactorily answered.
- I confirm that my personal data are correct and that I have answered the questionnaire truthfully.
- I consent that the blood I donate undergoes testing, which may include genetic methods if necessary, and that a sample of my blood will be stored for possible subsequent tests according to the Federal law on therapeutic products. I agree to be informed about abnormal results.

- I am aware that a part of my donation can be used for the preparation of medicinal products.
- I furthermore consent that my donation or certain components thereof may be used for medical research after encoding or anonymization.
- Personal information given in connection with blood donation is subject to medical secrecy. It may only be used within Swiss Transfusion SRC (T-CH SRC) and the Regional Blood Transfusion Service SRC (RBTS SRC). The Regional Blood Transfusion Service is legally obliged to report notifiable diseases to the authorities.

Name: _____ First name: _____

Date: _____ Signature: _____ Date of birth: _____

Remarks:
(to be completed by RBTS/SRC)

Visa BTS



Information sheet for blood donors

Blood donation involves puncturing a vein on the inside of the elbow and withdrawing about 500 ml of blood in about 10 minutes. This rapid blood loss is generally well tolerated by a person in good health. That is why it is important for you to be in good health. If the results of our examinations (blood pressure and haemoglobin test) or your answers to the medical questionnaire show that donating your blood may involve a significant risk to your health, we will not collect your blood for donation. However, even if all precautionary measures are taken, certain unwanted side effects may occur during or after blood donation:

- a transient blood pressure drop,
- local complications at the puncture site (bruising, widening of a blood vessel, nerve damage).

Most of these side effects are harmless and of short duration. Nevertheless, very rare and potentially severe complications (e.g. longer-term reduced mobility of the arm) cannot be totally excluded. Your blood donation centre will give you useful advice on the best way to avoid or to treat these side effects. You must wait a minimum of 12 hours before carrying out activities, occupations or hobbies in which you might endanger yourself or others.

Precautionary measures to reduce the risk of your blood donation for the recipient:

1. Risk situations

There is a risk of transmitting infectious agents that might be present in your blood even if you are not ill or do not feel ill. Your answers to the medical questionnaire help us to evaluate this risk. Based on the rules of Swiss Transfusion SRC regarding eligibility to donate blood, you may be excluded from donating blood, either permanently or temporarily.

The following risk situations are reasons for permanent exclusion from blood donation

1. Positive test for HIV (AIDS), syphilis, hepatitis C and persisting/active hepatitis B
2. Sexual intercourse* for money, drugs or medication
3. Drug injection (at present or in the past)
4. Blood transfusion after 01.01.1980
5. Stay in the United Kingdom (UK) (England, Wales, Scotland, Northern Ireland, Isle of Man, Channel Islands, Gibraltar, Falkland Islands) between 01.01.1980 and 31.12.1996 for a total of 6 months or longer

The following risk situations are reasons for temporary deferral of blood donation

6. Stay during the past 6 months in a region where malaria is endemic, without any health problem (in case of illness with fever, tell the doctor at the blood donation centre).
7. Gonorrhoea or other sexually transmitted disease during the past 12 months
8. Change of sexual partner* during the past 4 months
9. Sexual intercourse* with multiple partners during the past 12 months
10. Sexual intercourse* between men in the past 12 months
11. Stay of 6 months or longer in the past 12 months in countries with a high AIDS rate
12. Sexual intercourse* during the past 12 months with partners exposed to any of the risk situations mentioned under 1 to 4 or 7 to 11, while the deferral period after sexual contact with partners with hepatitis B or C is 6 months.

*whether protected or not

At any time before, during or after donating, you may withdraw from blood donation and prohibit the use of your donated blood if it has not yet been transfused.

2. Laboratory tests

Every blood donation is tested for HIV (AIDS), hepatitis B and C viruses (jaundice), the syphilis agent and, if necessary, Parvo B19 and hepatitis A virus. Should any of the test results indicate any disease, you will immediately be informed and the blood you donated will not be used. However, there may be a time lapse between becoming infected and the laboratory tests showing a positive result. Therefore, if you donate blood during this time lapse, an infectious disease may be transmitted from you to the recipient without the transfusion centre being able to detect or prevent it. This is why it is of the utmost importance that you answer the questionnaire truthfully. The ABO, Rhesus D blood group and possibly other characteristics that may be relevant to transfusion medicine are determined for each donor (if necessary by genetic methods).

3. Please inform your blood donation centre as soon as possible, if:

- you or one of your close contacts is taken ill during the next few days,
- you realize that you did not answer one of the questions on the medical questionnaire correctly,
- your blood donation is followed by complications.

Personal information given in connection with blood donation is subject to medical secrecy. It will only be used within Swiss Transfusion SRC and the Regional Blood Transfusion Service. The Regional Blood Transfusion Service is legally obliged to report notifiable diseases to the authorities.