



Donation number

First name | Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Profession: \_\_\_\_\_

Street: \_\_\_\_\_

Postcode | Town: \_\_\_\_\_

Tel. private: \_\_\_\_\_ Tel. workplace: \_\_\_\_\_

Mobile: \_\_\_\_\_ SMS reminder: ☐ Yes ☐ No

By ticking the YES box, I consent to the blood donation centre reminding me of the next possible donation date by SMS, and agree to my donor data (name, mobile phone number, donation dates, donation types) being processed by the blood donation centre for this purpose.

E-mail: \_\_\_\_\_

By providing my e-mail address, I consent to the blood donation centre contacting me by e-mail for personal communication purposes and to my donor data (name, gender, date of birth, address, e-mail, telephone, blood group, donation dates, donation types, reward points) being stored by the blood donation centre on their internal software, transmitted to the Mindstudios agency, and being linked to the BREVO communication software (Köpenicker Strasse 126, 10179 Berlin). I have the option of unsubscribing from this personal service at any time.

**Blood Donation in Basel-Stadt**

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

New donor registration possible up to  
1/2 hour before closing.

**Blood Donation in the Basel region**

Check donation dates here:  
[blutspende-basel.ch/region](http://blutspende-basel.ch/region)

Stiftung Blutspendezentrum SRK beider Basel, Hebelstrasse 10, 4031 Basel, Schweiz  
Tel: +41 (0)61 265 20 90, [blutspende-basel@usb.ch](mailto:blutspende-basel@usb.ch), [blutspende-basel.ch](http://blutspende-basel.ch)

Effective:

**01.02.2025**

Dear donor,  
Provided you are eligible to donate,  
you may donate blood again from the following date.

Your points balance for the  
Rewards Shop

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Please complete the questionnaire on the back of this page **with a blue or black pen in block capitals** 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.

**For internal use only**

Neu	Typ	Q <input type="checkbox"/>	vBB	RhD	WNV	FER	AKST	kapHb	Blutdruck	Puls	Gewicht
		Ma AK <input type="checkbox"/> Bem <input type="checkbox"/>									
		Chag <input type="checkbox"/> HH <input type="checkbox"/>									
		WNV <input type="checkbox"/> NonK <input type="checkbox"/>									
Flyer-/ Erstspenderinfo		Spendetauglichkeit: <input type="checkbox"/> Ja <input type="checkbox"/> Nein									
		Falls «Nein», Grund:									
Visum:		Visum BSD:									
<input type="checkbox"/> Vollständigkeit des Fragebogens und Unterschrift überprüft						BDKo <input type="checkbox"/>		BDKo Wert		Visum VP	
<input type="checkbox"/> Identität kontrolliert										Entnahmedauer	
Datum:				Visum BSD:							
Bemerkungen: (durch Personal auszufüllen)											

You have just read the **information sheet for blood donors** and have declared your willingness to donate blood. Please answer the following questions truthfully by putting a cross in the Yes or No box, as appropriate. This will help considerably to minimise the remaining risks to your own safety and that of the patients who will receive your 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 at least 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 14 days, e.g. had a dental filling procedure?	<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) or other minor illnesses such as diarrhea or colds?	<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, which? _____	<input type="checkbox"/>	<input type="checkbox"/>	
b)	During the past 4 weeks, have you taken medicine for prostate enlargement or hair loss (e.g. Alocapil®, Finacapil®, Propecia® or Proscar®) or acne (e.g. Roaccutan®, Curakne®, Isotretinoin®, Tretinac® or Tactino®)?	<input type="checkbox"/>	<input type="checkbox"/>	
c)	During the past 4 months, have you taken antiretroviral therapy PEP/PrEP (e.g. Truvada®, Isentress®, Prezista®, Norvir®)?	<input type="checkbox"/>	<input type="checkbox"/>	
d)	During the past 6 months, have you taken Avodart® or Duodart® to treat prostate enlargement?	<input type="checkbox"/>	<input type="checkbox"/>	
e)	During the past 3 years, have you taken Neotigason®, Acicutan® to treat psoriasis or Erivedge® to treat basal cell carcinoma?	<input type="checkbox"/>	<input type="checkbox"/>	
f)	During the past 12 months, have you received any blood-derived medications?	<input type="checkbox"/>	<input type="checkbox"/>	
7. a)	Have you ever received any 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 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, ministroke (TIA), loss of consciousness)?	<input type="checkbox"/>	<input type="checkbox"/>	
b)	Skin disease (e.g. wound, rash, eczema, fever blister) 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, osteoporosis)?	<input type="checkbox"/>	<input type="checkbox"/>	
9.	During the past 3 years or since your last blood donation, have you had <input type="checkbox"/> a hospital stay? <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 or have you ever had an organ transplant?	<input type="checkbox"/>	<input type="checkbox"/>	
b)	Have you ever had any 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 total of 6 months or more in the United Kingdom (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 a blood transfusion since 1.1.1980?	<input type="checkbox"/>	<input type="checkbox"/>	
11. a)	During the past 12 months, did you travel outside Switzerland? If yes, where and how long? _____ When did you return to Switzerland? _____	<input type="checkbox"/>	<input type="checkbox"/>	
b)	Did you have any signs of illness (e.g. fever) there or since your return? If yes, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	

		Yes	No	Visa RBTS SRC
12. a)	Were you born outside Switzerland, 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 Switzerland? _____	<input type="checkbox"/>	<input type="checkbox"/>	
b)	Was your mother born outside Europe, 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 in the last • <b>6 months:</b> <input type="checkbox"/> toxoplasmosis <input type="checkbox"/> mononucleosis <input type="checkbox"/> amebiasis <input type="checkbox"/> shigellosis <input type="checkbox"/> TBE • <b>12 months:</b> <input type="checkbox"/> Schistosomiasis <input type="checkbox"/> gonorrhea • <b>2 years:</b> <input type="checkbox"/> osteomyelitis <input type="checkbox"/> rheumatic fever <input type="checkbox"/> tuberculosis <input type="checkbox"/> relapsing fever <input type="checkbox"/> Guillain-Barré-Syndrome <input type="checkbox"/> Q fever	<input type="checkbox"/>	<input type="checkbox"/>	
b)	Have you ever had any of the following diseases: <input type="checkbox"/> malaria <input type="checkbox"/> Chagas disease <input type="checkbox"/> brucellosis <input type="checkbox"/> echinococcosis <input type="checkbox"/> leishmaniosis <input type="checkbox"/> lymphogranuloma venereum <input type="checkbox"/> filariasis <input type="checkbox"/> babesiosis <input type="checkbox"/> Ebola <input type="checkbox"/> or other serious infections? If yes, which? _____ When? _____	<input type="checkbox"/>	<input type="checkbox"/>	
c)	Have you had a tick bite in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	
d)	Have you had contact with a person who has or had an infectious disease in the last 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	
14.	During the past 4 months, have you undergone: <input type="checkbox"/> tattooing, <input type="checkbox"/> body piercing, <input type="checkbox"/> electric epilation, <input type="checkbox"/> cosmetic treatments (permanent make-up, microblading etc., <input type="checkbox"/> gastroscopy, colonoscopy, <input type="checkbox"/> acupuncture, <input type="checkbox"/> contact with foreign blood (a needle injury, blood splash hitting the eyes, mouth or another part of the body)? If so, when and where? _____	<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. a)	Do one or more of the following risk situations apply to you? • Have you changed your sexual partner in the past 4 months? • Have you had sexual contact (protected or unprotected) with more than two people in the past 4 months? • Have you had sexual contact under the influence of synthetic drugs in the past 12 months? • Have you had sexual contact for which you received money or other benefits (drugs or medication)? • Have you taken any drugs by injection? • Have you ever had a positive test for HIV (AIDS) or jaundice (hepatitis B or C)? • Have you ever had syphilis? • Has your life partner, sex partner or roommate contracted jaundice (hepatitis B or C) in the past 6 months? • Has your sexual partner contracted Zika in the past 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	
16. b)	During the past 12 months, have you had sexual intercourse with partners who: • were exposed to any of the risk situations listed in question 16a?	<input type="checkbox"/>	<input type="checkbox"/>	
16. c)	During the past 4 months, have you had sexual intercourse with partner(s): • who have been in countries where HIV, hepatitis C (HCV), hepatitis B (HBV) is endemic for more than 6 months or have received blood transfusions there? If yes, give date of partner's return: _____	<input type="checkbox"/>	<input type="checkbox"/>	
17.	<b>To answer only by women</b> • Have you ever been pregnant? If yes, state the date of your last pregnancy _____  • Before 1.1.1986, did you receive hormone injections for infertility treatment?	<input type="checkbox"/>	<input type="checkbox"/>	
♀				
Bemerkungen		Visum Personal		

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 the answers to all questions are true and accurate.
- 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 consent that part of my donation may be used for the preparation of medicinal products.
- Personal information given in connection with blood donation is subject to medical secrecy. It may only be used within Swiss Transfusion SRC (T-CH) and the Regional Blood Transfusion Service (RBTS). The Regional Blood Transfusion Service is legally obliged to respect the Data Protection Act and to report notifiable diseases to the authorities.

Name: \_\_\_\_\_ First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



# Information sheet for blood donors

## Blood and blood transfusions

Blood and its components perform many vital functions in the human body. A sick or injured person may need a blood transfusion to heal or to survive. Blood transfusions are the most common medical procedures carried out in hospital. In Switzerland, transfusions are possible only if enough healthy volunteers agree to donate their blood. You can find further information on the role of blood, the various types of blood products and their relevance to patients on the blood donor website. You can also ask additional questions at any time.

## Donating blood

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), your answers to the medical questionnaire or interview pose a significant risk to your health, we will not collect your blood. However, even if all precautionary measures are taken, certain unwanted side effects may occur during or after a 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

Please read the following information on risk situations, laboratory tests and post-donation information carefully to avoid harm to recipients of your blood:

### 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. Take enough time to check your answers, because it is of utmost importance that you answer the questionnaire truthfully. 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
<ol style="list-style-type: none"><li>1. Positive test for HIV (AIDS), syphilis, hepatitis C and hepatitis B</li><li>2. Drug injection (at present or in the past)</li><li>3. Blood transfusion after 01.01.1980</li><li>4. 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</li></ol>



The following risk situations may be a reason for deferral of blood donation
<ol style="list-style-type: none"><li>5. Sexual intercourse* for money, drugs or medication</li><li>6. Suffering from a sexually transmitted disease (with or without treatment) during the past 12 months</li><li>7. Change of sexual partner* during the past 4 months. A "new sexual partner" means:<ul style="list-style-type: none"><li>• a person with whom you have not had sexual contact OR</li><li>• a former partner with whom you have re-started a sexual relationship in the last 4 months.</li></ul></li><li>8. Sexual intercourse* with more than two partners during the past 4 months</li><li>9. Stays abroad in the last 6 months (more detailed information can be found at <a href="http://www.blutspende.ch">www.blutspende.ch</a> under the term Travelcheck)</li><li>10. Medical or cosmetic procedures/treatments, and treatment with stable blood products</li><li>11. Taking antiretroviral therapy (PEP/PrEP) in the last 4 months</li><li>12. Sexual intercourse* during the past 4 to 12 months with partners exposed to any of the risk situations mentioned under 1 to 2 or 5 to 9.</li></ol>



\*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, C and E viruses (jaundice), the syphilis agent and, if necessary, Parvo B19 and hepatitis A virus. For further information concerning the above-mentioned diseases and their transmission, please visit the FOPH website. 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. Post-donation information

After leaving the blood donation site, it is of great importance that you inform your blood donation centre as soon as possible if:

- you or one of your close contacts is becomes unwell 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.

Please note that timely notification can prevent transmission of a previously unrecognized infectious disease to a patient.

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.