Blood Donation Application Form

National Blood Centre, Thai Red Cross Society

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❑ First Time Donor ❑ Repeat Donor Date of Donation (dd/mm/yy).....

For Repeat Donor

What did you donate last time ?:

❑ Whole Blood ❑ Apheresis please specify : ○ Single Donor Red cell ○ Single Donor Platelets ○ Plasmapheresis

Did you encounter any problems in your last donation ?: ❑ No problems

❑ problems : ○ Fainting ○ Bruise ○ Difficulties in finding vein

○ Deferred due to ..... ○ Others .....

ID CARD NUMBER ☐☐☐☐☐☐☐☐☐☐☐☐☐

OTHER CARD ID ☐☐☐☐☐☐☐☐☐☐☐☐☐

Donor Number.....

Blood Group

Rh

Date of birth (dd/mm/yy) ..... Age .....year Sex ..... Weight..... kg.

(Age between 17-70) If 17 years old, do you have parents or guardian signed consent form ? ❑ Yes ❑ No.....

≥60-70 years old , Do you have medical certificate? ❑ Yes ❑ No.....

Present address ❑ Same address ❑ Changed as follows : .....

.....

.....

Post Code ..... Telephone ..... Mobile Phone .....

E-Mail address.....

Occupation : ❑ Student ❑ Gov. official, soldier, police, State Enterprise ❑ Company, employee

❑ Monk, priest ❑ Others, specify.....

Name: Mr. / Ms. / Mrs. (Please print).....

(first name) (last name)

(maiden name.....) (Please fill out the questions on page 2)

Signature .....

For staff

Donor Number..... No. of Donation.....

In case of no donor ID card for repeat Donor

First donation(dd/mm/yy)..... Place.....

Last donation(dd/mm/yy)..... Place.....

Blood pressure.....mm. Hg

Pulse	❑ normal	❑ abnormal
Heart/Lung	❑ normal	❑ abnormal
Hemoglobin	❑ pass	❑ not pass
Hb.....mg/dL	❑ pass	❑ not pass

Unit Number

❑ Deferred due to.....

❑ On medication that effects platelet counts

❑ Under volume

❑ High volume

❑ Discarded

Remarks .....

Registrar..... Blood bag preparation staff..... Blood collector .....

Blood sample collector ..... Rechecked by.....

For your own safety and the safety of the patient who will receive your blood, please answer the following questions to the best of your knowledge by marking √ in the correct box

Category 1 (For women only)	**YES**	**NO**
1. Pregnant ?	☐	☐
2. Do breast-feed ?	☐	☐
3. Gave birth or miscarriage in the last 6 months ?	☐	☐
Category 2		
4. Had diarrhea in the last 7 days ?.....	☐	☐
5. Had unintendedly lost weight in rapidly the last 3 months?	☐	☐
6. Had dental treatments in the last 3 days ?.....	☐	☐
7. Had major surgery in the last 6 months or minor surgery in the last 7 days?	☐	☐
8. Do you drink alcohol or others ?	☐	☐
9. Had a history of drug use or had you been imprisoned in the last 3 years ?.....	☐	☐
10. Had a blood transfusion in the past 1 year ?	☐	☐
11. Did you visit any area with malaria in the last 1 year or have you had malaria in the last 3 years ?	☐	☐
12. Do you have any following sexual risk behavior ?.....		
12.1 Have sex with others, who are not your spouse ?	☐	☐
12.2 Have sex with the same sex ? (to be answered by male only)	☐	☐
12.3 Does your partner have sex with others not only you?	☐	☐
12.4 Does your partner have sex with the same sex ?(to be answered by female who has male sex partner)	☐	☐
13. Had a blood transfusion in UK during 1980-1996?	☐	☐
14. Did you reside in UK during 1980-1996 for the period of more than 6 months?	☐	☐
Category 3		
15. Have menstruation ? (to be answered by female only)	☐	☐
16. Do you feel fit enough and have enough rest last night ?	☐	☐
17. Had high-fat diet in the last 6 hours ?	☐	☐
18. Did you take aspirin, muscle relaxants or NSAIDS or any other medicine(s) ?.....	☐	☐
19. Did you take antibiotics or any other medicine(s) ?.....	☐	☐
20. Have you or any in your family member ever had hepatitis ?.....	☐	☐
21. Have asthma,epilepsy,chronic skin disease,chronic cough , tuberculosis , allergies , high blood pressure ,heart/kidney/thyroid disease , cancer , bleeding disorder etc.?	☐	☐
22. Have ear/ body piercings, tattoos made or removed or acupuncture?.....	☐	☐
23. Did you get any vaccinations in the last 2 months ?	☐	☐
24. Did you receive serum injection in the last 1 year?	☐	☐
25. Others	☐	☐

I hereby certify that I have answered the following questions truthfully and that, to the best of my knowledge, my blood is safe for donation. I have been informed that my blood will be tested for syphilis, hepatitis B and C, as well as HIV/AIDS. I hereby voluntarily donate blood to the National Blood Centre of the Thai Red Cross Society without expecting any type of remuneration. The blood may be given to any patient or for research purpose as deemed suitable by the National Blood Centre of the Thai Red Cross Society. I certify that the staff of the National Blood Centre is not responsible for any untoward effects that may occur after this blood donation. I shall be pleased to donate blood again. **Donor signature**.....

Reason for allowing donor to donate blood in this case.....

Doctor/Staff signature .....