

# Blood Donor Registration Form

Approved by MOHW. on 2018.Dec. 27 NO. 1070036032

Taiwan Blood Services Foundation (TBSF)

Donation Date: \_\_\_DD/\_\_\_MM/\_\_\_YY

<b>Please fill up the form below (please write legibly)</b>	
<input type="checkbox"/> First-time donor <input type="checkbox"/> Repeat donor of TBSF Blood center(s) serial number :	Blood Type
	Gender
ID No./residential No./Passport No.	Height cm
Name (first/middle/last)	Weight kg
Birthdate: ___/___/___ (DD/MM/YY)	<input type="checkbox"/> Yes / <input type="checkbox"/> No Have been pregnant before this visit ( <i>Female donor only</i> )
Zip Code: □□□-□□ Mailing Address:	
Permanent Address: <input type="checkbox"/> Same as above	
E-mail address:	
Please tick on how you want to received your laboratory test report by: <input type="checkbox"/> e-mail <input type="checkbox"/> postal mail <input type="checkbox"/> do not send	
Phone: (Daytime) _____ (Nighttime) _____ ( Mobile)	
Occupation <input type="checkbox"/> 1. Military <input type="checkbox"/> 2. Civil servant/teacher <input type="checkbox"/> 3. Student <input type="checkbox"/> 4. Laborer <input type="checkbox"/> 5. Business <input type="checkbox"/> 6. Agriculture and fishery <input type="checkbox"/> 7. Technician/Specialists <input type="checkbox"/> 8. Housekeeper <input type="checkbox"/> 9. Service industry <input type="checkbox"/> 10. Others	

<b>Staff use</b>	
團體代碼 (單位班別)	
捐血方式	全血: 分離術: <input type="checkbox"/> 1.500 cc <input type="checkbox"/> 3.血小板 1U <input type="checkbox"/> 7.血小板(減白)1U <input type="checkbox"/> 2. 250 cc <input type="checkbox"/> A.血小板 2U <input type="checkbox"/> 8.血小板(減白)2U <input type="checkbox"/> 其他 _____
電腦查詢者	血袋: <input type="checkbox"/> 單袋 <input type="checkbox"/> 雙聯 <input type="checkbox"/> 參聯
體溫	已建 HLA 檔 <input type="checkbox"/> Y <input type="checkbox"/> N 留置試管 <input type="checkbox"/> Y <input type="checkbox"/> N
血壓 mmHg	血袋條碼黏貼處:
脈搏 次/分	
複測 <input type="checkbox"/> 規則 <input type="checkbox"/> 不規則	
血紅素 gm/dl <input type="checkbox"/> 合格 <input type="checkbox"/> 不合格	不適捐血原因: <input type="checkbox"/> 1.血紅素不足 <input type="checkbox"/> 7.體重不足 <input type="checkbox"/> 2. 赴疫區 <input type="checkbox"/> 8.過份緊張 <input type="checkbox"/> 3.血壓過低或高 <input type="checkbox"/> 9. 血管細 <input type="checkbox"/> 4.體溫偏高或低 <input type="checkbox"/> 10.其他 <input type="checkbox"/> 5. 睡眠不足 <input type="checkbox"/> 6.捐血間隔未滿
判定結果 <input type="checkbox"/> 可捐血 <input type="checkbox"/> 不宜捐血 判定者	
採血者:	採血時間: _____ 時 _____ 分 其他採血註記: 採血量: _____ 克 其他: _____

**To protect the health of the blood donor and recipient, please read carefully the following statements and check on the statement that apply to you and sign thereafter. To avoid violation of the law, answer truthfully. The information you provided will be kept confidentially.**

## 《 Health questionnaires 》

For blood safety, Please read the questionnaires carefully and tick on the statement that apply to you.  「✓」

### I. Current health status:

1. Yes  No  Feeling healthy and well today?
2. Yes  No  Have cold, fever and/ or under any medications?
3. Yes  No  Did not sleep well or drink alcoholic beverages in the past 8 hours?
4. Yes  No  Are you presently pregnant? \_\_\_ months.  
Besides, have had childbirth or abortion in the past 6 months? If yes, Date: \_\_\_\_\_  
( female donor only )
5. Yes  No  Do you have any acute infection, infectious disease, or allergic reaction in the past 7 days?
6. Yes  No  Have you suffered from persistent diarrhea in the past 7 days? Date: \_\_\_\_\_
7. Yes  No  Did you have any dental procedure in the past 3 months? Type of procedure: \_\_\_\_\_ Date: \_\_\_\_\_
8. Yes  No  Did you have weight loss without reason (about 10% of your original body weight) in the past 6 months?

### II. In the past 12 months:

9. Yes  No  Have you taken any medications or had any injections? Name of medications: \_\_\_\_\_ Date of stop taking: \_\_\_\_\_
10. Yes  No  Have you suffered from Dengue Fever? When: \_\_\_\_\_ Recovered date: \_\_\_\_\_
11. Yes  No  Have you had any shots of vaccinations? Name of vaccines: \_\_\_\_\_ Date of shots: \_\_\_\_\_
12. Yes  No  Have traveled outside Taiwan? if yes, state where? (Name all countries) \_\_\_\_\_  
Date of departure: \_\_\_\_\_, Date of return: \_\_\_\_\_
13. Yes  No  Have you been in a correctional facility? Date of discharge: \_\_\_\_\_
14. Yes  No  Did you ever have tattooing or piercing? (Body, eyebrow, lip) Date: \_\_\_\_\_
15. Yes  No  Have you received blood transfusion or underwent surgery? Type of Surgery: \_\_\_\_\_ Date: \_\_\_\_\_

16. Yes  No  Have you received injection of placental extract, hyaluronic acid or immunoglobulin?

Type of injection: \_\_\_\_\_, Date of injection: \_\_\_\_\_

### III. Other health questions:

17. Yes  No  Have ever been told not to donate blood? Reason: \_\_\_\_\_

18. Yes  No  Have received organ, tissue or bone marrow transplantation? (Or donated organ, tissue, bone marrow)

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

19. Yes  No  Have you ever had bleeding problems, epilepsy, or coma?

20. Yes  No  Have you been diagnosed with G6PD deficiency?

21. Yes  No  Are you a hepatitis B carrier or with hepatitis C infection? Have any viral hepatitis in the past one year? Had close contact of blood, body fluid or sex with a viral hepatitis patient in the past 6 months?

22. Yes  No  Had suffered from heart, kidney or lung disease, hypertension, diabetes, GI tract bleeding, malignant tumor, leukemia? For other reasons, that had been advised by a doctor against blood donation.

Diagnosis: \_\_\_\_\_ Date: \_\_\_\_\_

23. Yes  No  Had suffered from Creutzfeldt-Jakob Disease (CJD), or received human pituitary growth hormone, human pituitary gonadotropin, insulin from animal source, a dura mater (or brain covering) graft. Any of your close blood relatives had been diagnosed with CJD?

24. Yes  No  Had stayed in the UK for a cumulative period of 3 months or more from 1980-1996, or had stayed in Europe for cumulative of 5 years from 1980 till now? Had received blood transfusion in England or France since 1980?

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

25. Yes  No  Had stayed in another country outside Taiwan for more than 1 year? Country: \_\_\_\_\_ Date of residency: \_\_\_\_\_

### IV. There is a window period in the early stage of HIV infection, when you may test negative for the virus. Don't donate blood if you have any conditions below.

26. Yes  No  Have you ever engaged sexual activity with another male (*male donor only*) Date: \_\_\_\_\_

27. Yes  No  Have snorted or taken addictive drugs? Or with a chronic alcohol abuse?

28. Yes  No  Have you ever offered to anyone sexual activity services for cash or benefit of any kind?

29. Yes  No  Do you suspect yourself or your sex partner had or could probably have been infected with HIV or AIDS?

Did you have sex in the last 2 years with anyone who probably has AIDS or a positive HIV test?

30. Yes  No  Have you had a positive confirmatory test for the HIV, or you are an AIDS patient?

31. Yes  No  In the last twelve (12) months, have you ever engaged in high risk sexual activities (such as: sex with strangers, sex for cash, one-night stand, more than one sex partners)? The latest date: \_\_\_\_\_

32. Yes  No  Have you been infected with sexually transmitted diseases (syphilis, gonorrhea, chlamydia, genital herpes, chancroid, genital warts)? Date of infection: \_\_\_\_\_, Date of finished treatment: \_\_\_\_\_

33. Yes  No  Are you a long term user of plasma derivatives (such as: albumin, immunoglobulin, clotting factors)?

**I have read and understood the above statements, and have provided truthful and accurate information. If my blood is tainted with HIV and resulted in patients to be infected, I am willing to accept the liability involved.**

**Note: According to 「HIV infection control and Patient Right Protection Acts」 Article 21, a person who knows that he/she has been infected with HIV and still donates blood as the cause of another person to be infected, shall be punished with imprisonment for a definite term from 5 to 12 years. Even if the donated blood has not been used yet, he/she shall still be punished by the court.**

### Agreement pack

1. I understand the objectives, steps, regulations, and the possible hazards involved in blood donation. I have read and understood this questionnaire, and allowed asking questions. The staffs explained to me in details and provided accurate information. The blood donated will be used for medical reasons, also, for safety related research in donation and transfusion, or for byproducts manufacturing. I agree to donate blood and agree to the fact that my personal data will be given to Taiwan Blood Services Foundation and other affiliated blood centers, under its jurisdiction.

2. If my blood or its blood components is not suitable for transfusion, I  agree /or  disagree that it can be used as plasma derived products and/or testing reagent manufacturing in Taiwan or abroad.

3. I fully understand that the information I provided may  /or  may not be used for inviting blood donation.

I agree  /or  disagree that the information I provided for blood donation can be used for acknowledgement.

I, as a blood donor declare, that I understand the above questionnaire and have provided true statements.

Blood donor signature (first/middle/last name): \_\_\_\_\_

面談人確定，已向捐血者解釋以上內容，並答覆其相關之問題。

面談結果：合適捐血 不合適捐血

面談人員簽章：\_\_\_\_\_