Karnataka Red Cross Blood Bank

A Unit of Indian Red Cross Society, Karnataka State Branch
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Unit Barcode

Blood Group :

Information, registration, & Informed Consent form for Blood donation

1. Any person between 18-60 yrs of age and over 45kg weight can donate blood once in 3 months.
2. Different blood components will be prepared from the blood donated in order to benefit two or more patients.
3. Rarely, giddiness, pain & bruise on the arm etc. can occur, which will be attended to by the doctor or nurse. Please read the "Post donation Advice" given to you.

Note : Blood donor related information will be kept confidential by Karnataka Red Cross Blood Bank, IRCS KSB.

Name (Capital Letter) : Male ☐ Female ☐

Mother / Father Name Date of Birth : Age :

Residence / Office Address :

E-mail : Tel / Mob :

Occupation : Organisation :

Have you donated blood before? ☐ Yes ☐ No, If so how many times? ☐ When did you donate last? <3 Months/>3 Months

Did have any discomfort or post donation reaction during previous blood donation? Yes ☐ No ☐

Please answer the following questions honestly as this may affect your health or harm the patient

SL. NO.	Listed below are some conditions when you should not donate blood. Please tick as applicable and consult the Medical Officer if you have any doubts	Yes	No
1.	**Do you have or have ever had any of the following?** ☞ Abnormal bleeding or blood disorders ☞ Heart, Kidney, Lung or Liver disorders ☞ Epilepsy, Mental disorders ☞ Tuberculosis or Leprosy ☞ Thyroid or other endocrine disorders ☞ Allergic Disorders ☞ Polycythemia Vera ☞ Cancer ☞ Insulin – dependent Diabetes ☞ Uncontrolled High Blood Pressure ☞ Fainting Spells		
2	**Have you ever had any of the following risk factors for HIV/AIDS, STDs or Hepatitis?** ☞ Had sex in exchange for money or drugs ☞ Intravenous Drug Abuse ☞ Tested positive for HIV, STDs or Hepatitis B or C ☞ Had sex with a person who has any of the above risk factors		
3	**Have you had any of the following in the last one year?** ☞ Major Surgery ☞ Blood transfusion or Immunoglobulin injection ☞ Dog bite or Rabies Vaccination ☞ Typhoid		
4	**Have you had any of the following in the last six months?** ☞ Having sex (vaginal, anal or oral), with more than one person, without using a condom ☞ Tattooing or body piercing, ☞ Swollen Lymph glands, ☞ Unexplained weight loss or Continuous low-grade fever ☞ Malaria ☞ Dengue Fever ☞ Dental extraction / Root canal treatment ☞ Minor Surgery		

BLOOD SAFETY BEGINS WITH A HEALTHY DONOR

P.T.O.

		Yes	No
5	**In the past 15 days have you been vaccinated for** ☞Cholera ☞ Tetanus ☞Diphtheria ☞Typhoid ☞Plague ☞Gamma Globulin		
6	**For female donors:** ☞ Are you pregnant? ☞ Have you had an abortion in the last six months ☞ Do you have a child less than one year old? ☞ Are you breast feeding? ☞ Have you had menstrual period ? (Before / After one week)		
7	Have you ever had Jaundice or close contact with anyone who had Jaundice?		
8	Were you ever advised not to donate blood by your doctor?		
9	Have you had Aspirin or drugs containing aspirin Alcohol, Steroids in the last 3 days		
10	Are you taking antibiotics or any other medicine now?		
11	Do you feel well today?		
12	Have you eaten in the last four hours? Did you sleep well last night ?		
13	Do you have any doubts to be clarified by the Medical Officer?		

Signature of Counselor / MO	**Date:**

Informed Consent

I understand the following and give my consent for the same :

a. Blood donation is a totally voluntary act and no inducement or remuneration has been offered.
b. Donation of blood/ components is a medical procedure with associated potential risks.
c. My blood will be tested for HIV, Hepatitis B & Hepatitis C, Syphilis, and Malaria in addition to any other screening tests required to ensure blood safety.
d. We will inform donors when any of these laboratory tests are reactive, If reactive, you can initiate treatment without delay. You can take preventive measures like Hepatitis B vaccination for family members.
e. My blood is separated into components-red cells, platelets, plasma and issued to patients as well as other blood banks. Excess plasma may also be sent to a fractionation centre to produce albumin, globin etc for patient use

Do you wish to be informed about any positive test results	Yes	No

If Yes how? ☐Mob Tel Res / Off. ☐ E-mail ☐Post.

Signature of donor	Date:	Time

Medical Examination & Blood Collection (for staff use)

Donor type	Camp Code	Wt in Kg	Hb %	Temp. Deg C	Signature of Technician / Nurse
Voluntary					

Pulse: /min	BP: mm/Hg	Phlebotomy site free from skin diseases, punctures & scars ☐Yes ☐No

Donor is in good physical & mental health & fit to donate blood ☐Yes ☐No If deferred, reason & period of deferral :	Signature of MO

Bag Type	Volume	Blood Bag Tube No.	Collection time <10min	Time of collection	Signature of Phlebotomist
S / D / T / Q	350 / 450 ml		☐Yes ☐No		