

## Karnataka Red Cross Blood Bank



A Unit of Indian Red Cross Society, Karnataka State Branch

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Website: www.redcrosskarnataka.org Licence No: KTK/28C / 187 / 2006

Unit Barcode

information,	registration,	&	Informed	Consent	form	for	Blood	donation	١
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Blood Group:

- 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	e (Capital Letter) :	Male Fer	male	
Mother / Father Name		Date of Birth :	Age :	
Resid Addre	ence / Office : ess			
E-ma	il :	Tel / Mob :		
Occu	pation :	Organisation:		
Did hav	ve any discomfort or post donation reaction during	as this may affect your health or harm the		
NO.	as applicable and consult the Medical O	fficer if you have any doubts	Yes	No
1.	Do you have or have ever had any of the  Abnormal bleeding or blood disorders  Heart, Kidney, Lung or Liver disorders  Epilepsy, Mental disorders  Tuberculosis or Leprosy  Thyroid or other endocrine disorders  Allergic Disorders	following?  Polycythemia Vera Cancer Insulin – dependent Diabetes Uncontrolled High Blood Pressure Fainting Spells		
2	Have you ever had any of the following ris  Had sex in exchange for money or drugs  Intravenous Drug Abuse  Tested positive for HIV, STDs or Hepatitis  Had sex with a person who has any of the			
3	Have you had any of the following in the  Major Surgery  Blood transfusion or Immunoglobulin inject  Dog bite or Rabies Vaccination  Typhoid	•		
4	Have you had any of the following in the  Having sex (vaginal, anal or oral), with mor  Tattooing or body piercing, Swollen Lym  Unexplained weight loss or Continuous low  Malaria Dengue Fever  Dental extraction / Root canal treatment	re than one person, without using a condom uph glands, w-grade fever		

**BLOOD SAFETY BEGINS WITH A HEALTHY DONOR** 

5	In t	he pa	st 15 day	s have	you b	een vacc	inated for				Yes	No
	<b>☞</b> C	holer	a 🖝 Tetan	us 🖝 Dij	phther	ia 🕶 Typh	oid & Plague & G	amma Globuli	n			
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	Hav	e you	ever had	Jaundi	ce or c	close cont	act with anyone	who had Jau	ndice?			
8	Wer	e you	ever advi	sed not	to dor	nate blood	d by your doctor	?		,		
9	Hav	e you	had Asp	irin or o	drugs (	containin	g aspirin Alcoho	l, Steroids in t	he last 3	days		
10	Are	you t	aking anti	ibiotics	or any	other m	edicine now?		,			
11	Doy	you fe	eel well too	day?				4 4 1 1			- 1	11 (25)
12	Hav	e you	eaten in	the last	four h	nours? Di	d you sleep well	last night ?				
13	Doy	you h	ave any d	oubts to	o be cl	arified by	the Medical Off	icer?				
Sign	nature	of C	ounselor	/ MO					Date:		•	
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