

RECORD OF DONATION

Manual Updates to Donor File (Mobile Clinics)

Autologous: Yes
 Surname: _____
 1st Name & Inits: _____
 Title: _____ Birth date: _____ Gender: _____
dd/mm/yyyy
 Request New ID Card: _____ (Initials)
 PROGESA Updated by: _____

Registration Information:

Have you ever attended a blood donor clinic in Quebec? Yes No
 Have you ever given blood under a name other than those printed by PROGESA? Yes No
 Previous Name(s): _____
 All Donor surnames checked in PROGESA: Yes N/A
 Additional Information:

Supplementary Test:	CuSO₄		Hgb/Hct
<input type="checkbox"/> Remote Status Check (7210)	P	F	_____
	<input type="checkbox"/>	<input type="checkbox"/>	

Confirmed Phlebotomy Type:	<input type="checkbox"/> W Whole Blood	Reg/Tech:	Reg:	Tech:	
	<input type="checkbox"/> A Autologous	1st Deferral:	Start Date:		
	<input type="checkbox"/> D Directed	Code:	dd/mm/yyyy		
	<input type="checkbox"/> R WBC/Plt Antibody	End Date, if Req'd:	Remove Code:		
	<input type="checkbox"/> S Specimen	dd/mm/yyyy			
<input type="checkbox"/> * Not Drawn	2nd Deferral:	Start Date:			
<input type="checkbox"/> E Platelets	Code:	dd/mm/yyyy			
<input type="checkbox"/> P Plasma	End Date, if Req'd:	Remove Code:			
<input type="checkbox"/> C Concurrent Plasma	dd/mm/yyyy				
<input type="checkbox"/> F Directed Platelet					
<input type="checkbox"/> L Plasma/Malaria					

Blood Pressure:	Pulse:	Temperature:
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____

Phlebotomy Status: - Phlebotomy OK H Deferred -H.I.
 B Bedside Deferral V Unsuccessful Venepuncture
 J Donor W.O. X Plasma - Aborted Run
 G Platelet - Aborted Run Z Concurrent Plasma - Aborted Run

Notifiable Donor:
 No - Reason:
 06 - Donor Request
 07 - Medical Enquiry
 04 - CBS Staff Request

Skin Lesions:
 Y N

1st VENEPUNCTURE:	2nd VENEPUNCTURE:
Start Bleed Time: _____ + _____ min.	Start Bleed Time: _____ + _____ min.
Arm: L _____ R: _____ Inits: _____	Arm: L _____ R: _____ Inits: _____
Sterile Glove Used: <input type="checkbox"/> Chloraprep used <input type="checkbox"/>	Sterile Glove Used: <input type="checkbox"/> Chloraprep used <input type="checkbox"/>
Pack Type: _____ Spec Labelling Inits: _____	Pack Type: _____ Spec Labelling Inits: _____
Shaker #: _____	Shaker #: _____
Unit Labelling Inits: _____	Unit Labelling Inits: _____

PLACE BAR CODED CUE LABEL HERE

DONATION NUMBER LABEL

Technical Questionnaire Information:

- No unit - specs for all tests:
- Incomplete Spec Set: # Missing: _____
 Red Top # _____ Purple #: Serology _____ NAT _____
- No Specs Collected:
- Contains ASA: Yes
- Non-Conforming: Yes
 Reason: _____
- Other:

Comments:

Verification Inits:	Data Entry	Verification of Data
	Completed By: _____ Inits	Entry Done By: _____ Inits

RECORD OF DONATION

DONATION NUMBER LABEL

ANSWER YES OR NO TO QUESTIONS 1 THROUGH 13, FILL IN THE SQUARE LIKE THIS ■ **YES NO** **Collection Staff Comments**

1. a) Are you feeling well today?.....	<input type="checkbox"/>	<input type="checkbox"/>	
b) Do you have a cold, flu, sore throat, fever, infection or allergy problem today?	<input type="checkbox"/>	<input type="checkbox"/>	
2. a) In the last 3 days have you taken any medicine or drugs (pills including Aspirin or shots), other than birth control pills and vitamins?	<input type="checkbox"/>	<input type="checkbox"/>	
b) In the last 3 days have you had dental work?.....	<input type="checkbox"/>	<input type="checkbox"/>	
3. a) In the last 3 months have you had a vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	
b) In the last 3 months have you taken Accutane, Clarus or Isotretinoin for skin problems?	<input type="checkbox"/>	<input type="checkbox"/>	
4. a) In the last 6 months have you been under a doctor's care or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	
b) If female, in the last 6 months have you been pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	
c) In the last 6 months have you taken Proscar, Avodart (Dutasteride), Propecia, Methotrexate or Cyclomen (Danzol)?.....	<input type="checkbox"/>	<input type="checkbox"/>	
d) In the last 6 months have you had a tattoo, ear or skin piercing, acupuncture or electrolysis?	<input type="checkbox"/>	<input type="checkbox"/>	
e) In the last 6 months have you had an injury from a needle or come in contact with someone else's blood?	<input type="checkbox"/>	<input type="checkbox"/>	
5. a) In the last 12 months have you had a rabies shot or a graft?	<input type="checkbox"/>	<input type="checkbox"/>	
b) In the last 12 months have you had close contact with a person who has had hepatitis or yellow jaundice?.....	<input type="checkbox"/>	<input type="checkbox"/>	
c) In the last 12 months have you been in jail or prison?.....	<input type="checkbox"/>	<input type="checkbox"/>	
6. In the last 3 years have you been outside Canada, other than the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>	
7. a) Since 1980, did you receive a blood transfusion or blood product in the United Kingdom, France or elsewhere in Europe?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Have you spent a total of 3 months or more in the United Kingdom (England, Northern Ireland, Scotland, Wales, the Isle of Man, or the Channel Islands) from January 1, 1980 through December 31, 1996?.....	<input type="checkbox"/>	<input type="checkbox"/>	
c) Have you spent a total of 3 months or more in France from January 1, 1980 through December 31, 1996?	<input type="checkbox"/>	<input type="checkbox"/>	
d) Have you spent a total of 5 years or more in Europe since January 1,1980?.....	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have you ever had malaria?	<input type="checkbox"/>	<input type="checkbox"/>	
9. a) Have you ever taken Tegison or Soriatane for skin problems?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Have you ever taken human pituitary growth hormone or human pituitary gonadotrophin hormone?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Have you ever received a dura mater (brain covering) graft?.....	<input type="checkbox"/>	<input type="checkbox"/>	
10. Have you ever had:			
a) yellow jaundice (other than at birth) or hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>	
b) epilepsy, coma, stroke or fainting?	<input type="checkbox"/>	<input type="checkbox"/>	
c) cancer, diabetes or Crohn's disease?.....	<input type="checkbox"/>	<input type="checkbox"/>	
d) heart, kidney, lung or blood problems?.....	<input type="checkbox"/>	<input type="checkbox"/>	
e) Chagas' disease, babesiosis or leishmaniasis?.....	<input type="checkbox"/>	<input type="checkbox"/>	
11. Have you ever had an AIDS (HIV) test other than for donating blood?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Are you aware of a diagnosis of Creutzfeldt-Jakob Disease among any of your blood relatives (parent, child, sibling)?.....	<input type="checkbox"/>	<input type="checkbox"/>	
13. Have you, in your past or present job, taken care of or handled monkeys or their body fluids?	<input type="checkbox"/>	<input type="checkbox"/>	

STOP HERE

YES NO

Collection Staff Comments

14. a) Do you have AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Have you ever had a positive test for HIV or AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Have you used cocaine within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Have you ever taken illegal drugs or illegal steroids with a needle even one time?.....	<input type="checkbox"/>	<input type="checkbox"/>	
17. At any time since 1977, have you taken money or drugs for sex?.....	<input type="checkbox"/>	<input type="checkbox"/>	
18. Male donors: Have you had sex with a man, even one time since 1977?.....	<input type="checkbox"/>	<input type="checkbox"/>	
19. Have you ever taken clotting factor concentrates for a bleeding disorder such as hemophilia?.....	<input type="checkbox"/>	<input type="checkbox"/>	
20. Have you had sex with anyone who has AIDS or has tested positive for HIV or AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	
21. Female donors: In the last 12 months, have you had sex with a man who had sex, even one time since 1977 with another man?	<input type="checkbox"/>	<input type="checkbox"/>	
22. Have you had sex in the last 12 months with anyone who has ever taken illegal drugs or illegal steroids with a needle?	<input type="checkbox"/>	<input type="checkbox"/>	
23. At any time in the last 12 months, have you paid money or drugs for sex?.....	<input type="checkbox"/>	<input type="checkbox"/>	
24. At any time in the last 12 months, have you had sex with anyone who has taken money or drugs for sex?.....	<input type="checkbox"/>	<input type="checkbox"/>	
25. Have you had sex in the last 6 months with anyone who has taken clotting factor concentrates?	<input type="checkbox"/>	<input type="checkbox"/>	
26. In the last 12 months, have you had or been treated for syphilis or gonorrhea?.....	<input type="checkbox"/>	<input type="checkbox"/>	
27. In the last 12 months, have you received blood or blood products by transfusion for any reason, such as an accident or surgery?	<input type="checkbox"/>	<input type="checkbox"/>	
28. In the past 6 months, have you had sex with someone whose sexual background you don't know?.....	<input type="checkbox"/>	<input type="checkbox"/>	
29. a) Were you born in or have you lived in Africa since 1977?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Since 1977, did you receive a blood transfusion or blood product in Africa?.....	<input type="checkbox"/>	<input type="checkbox"/>	
c) Have you had sexual contact with anyone who was born in or lived in Africa since 1977?	<input type="checkbox"/>	<input type="checkbox"/>	

I have answered all questions truthfully. I understand that to make a false statement is a serious matter and could harm others. I understand the procedure and side effects and complications associated with my (whole blood), (plasmapheresis), (cytapheresis) donation. I have read and understand the information on how the AIDS (HIV) virus may spread by donated blood and plasma. I agree not to make a donation if there is a chance this might spread the AIDS (HIV) virus. I agree to the testing of my blood for hepatitis, syphilis, AIDS (HIV), HTLV and other factors as required for the safety of the blood recipient. I understand that Canadian Blood Services (CBS) is currently evaluating a new, unlicensed test for the West Nile virus, called nucleic acid testing (NAT). I have been provided with and understand information regarding the use of these tests on my blood donation. I understand that my positive test results on any of these tests will be given to me in confidence, that they will be reported to Public Health if required by law. I agree to donate blood for use as decided by CBS. I agree to call CBS if after donating I decide my blood should not be used.

Donor's Signature: _____ Donor Accepted: Yes No

Date: _____ R.N. Signature : _____