



**Rotary Bangalore -TTK Blood Bank, Bangalore Medical Services Trust**  
 Regional Blood Transfusion Centre, Karnataka, (License No. KTK / 28 C-7/95)

Appendix ID: II.B.1.d.3.ii.WB Blood Donor Form Version:5 Issued date: 01 Mar 2016

Format approved by: TM

Authorized by:QM

Barcode

**Information, registration, & Informed Consent form for Blood Donation**

1. Any person between 18-65 yrs of age and over 45kg weight can donate blood once in three 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 Rotary Bangalore TTK Blood Bank, BMST.**

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

Did you 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	<b>Do you have or have ever had any of the following?</b> Abnormal bleeding or blood disorders Heart, Kidney, Lung or Liver disorders Epilepsy, Mental disorders Tuberculosis or Leprosy Thyroid or other endocrine disorders Allergic Disorders <span style="float: right;">Polycythemia Vera Cancer Insulin-dependent Diabetes Uncontrolled High Blood Pressure Fainting Spells</span>		
2	<b>Have you ever had any of the following risk factors for HIV/AIDS, STDs or Hepatitis?</b> 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	<b>Have you had any of the following in the last one year?</b> Major Surgery Blood transfusion or Immunoglobulin injection Dog bite or Rabies Vaccination Typhoid		
4	<b>Have you had any of the following in the last six months?</b> 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 Dengue Fever		

**Rotary Bangalore -TTK Blood Bank, Bangalore Medical Services Trust**  
Regional Blood Transfusion Centre, Karnataka, (License No. KTK / 28 C-7/95)



Appendix ID: II.B.1.d.3.ii. Whole Blood Donor Form  
Format approved by: TM

Version: 5

Issued date: 01 Mar 2016  
Authorized by: QM

		Yes	No
5.	Have you had any one of the following in the last 3 months? Malaria Dental extraction, Root canal treatment Minor Surgery		
6	Have you ever had Jaundice or close contact with anyone who had Jaundice?		
7	Were you ever advised not to donate blood by your doctor?		
8	Have you had Aspirin or drugs containing aspirin in the last 3 days		
9	Are you taking antibiotics or any other medicine now?		
10	Are you well today?		
11	Have you eaten in the last 4hrs?		
12	Do you have any doubts to be clarified by the Medical Officer?		
13	<b>Only for female donors</b> 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? Do you have your periods now?		
<b>Signature of Counselor / MO</b>		<b>Date</b>	

**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.**

**Informed Consent**

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

- Blood donation is a totally voluntary act and no inducement or remuneration has been offered.
- Donation of blood/ components is a medical procedure with associated potential risks.
- 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.
- 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

I volunteer to donate blood for Apheresis Procedure	Yes	No
I volunteer to register as Stem Cell Donor (Information will be given at registration / reception counter)	Yes	No
Do you wish to be informed about any positive test results	Yes	No
If Yes how? <input type="checkbox"/> Mob. <input type="checkbox"/> Tel Res. <input type="checkbox"/> Tel. Off. <input type="checkbox"/> E-mail <input type="checkbox"/> Post.		
<b>Signature of donor</b>		

**Medical Examination & Blood collection (for staff use)**

Donor type	<b>Camp Code</b>	Wt in Kg	Hb> 12.5%	Temp. Deg C	Signature of Technician
V / other			Y/N		
Pulse /min	BP: mm/Hg	Phlebotomy site free from skin diseases, punctures & scars Y/N			
Donor is in good physical & mental health & fit to donate blood Y/N If deferred, reason				Signature of MO :	
Bag Type: S / D / T	Tube ID	Collection time <10min	Time of collection	Signature of Phlebotomist	
<input type="checkbox"/> 350 ml <input type="checkbox"/> 450ml		Y/N			