Blood Donation Application Form

Blood bank section, Maharaj Nakorn Chiang Mai Hospital, Faculty of Medicine, Chiang Mai University Tel. 0-5393-5624 Fax. 0-5393-5629

Date of donation (dd/mm/yy)..... ☐ First time donor ☐ Repeat donor Date of last donation.....

Full name (Mr. / Ms. / Mrs.)..... Citizen ID / Passport No. .....

Previous name (if any)..... Nationality.....

Date of birth (dd/mm/yy)..... Age.....years Marital status ☐ Single ☐ Married

Address in Thailand..... E-mail.....

Weight.....kg Occupation..... Mobile phone.....

Donate to ☐ Not specific ☐ Recipient name..... HN.....
☐ Autologous ☐ Autologous serum eye drops ☐ Blood letting ☐ Others.....

========== Please fill out the questionnaire on back side ==========>

For staff

Blood pressure and pulse

No.	Time	Blood pressure (mmHg)	Pulse (bpm)	Staff	Remarks
1		/			Systolic blood pressure < 160 mmHg
2		/			Diastolic blood pressure < 100 mmHg
3		/			Pulse 50-100 bpm

Barcode sticker

Unit No.....

Physician's opinion ☐ Allowed ☐ Not allowed Signature.....

Blood type (Slide method) A , B , O , AB

Hemoglobin (Hb).....g/dL ☐ Pass ☐ Not pass

Remarks Male 13.0-18.5 g/dL , Female 12.5-16.5 g/dL

Blood bag ☐ Double bag ☐ Quadruple bag (WB-SP)
☐ Quadruple bag ☐ Quadruple bag (Reveos)

Tested by..... Blood bag prepared by..... Time.....

Blood collection

Side of the arm ☐ Left arm ☐ Right arm

Collected by..... Time.....

Sample collected by..... Duration.....min

Problem ☐ Low volume ☐ Changed blood bag ☐ Off

Remarks.....

For safety of donors and recipients of blood transfusion, please provide truthful answer to this questionnaire.

	Yes	No
General health		
1. Do you feel well and have enough rest to donate blood? (for at least 5 hours of sleep)	☐	☐
2. Did you take fatty food within the past 6 hours?	☐	☐
3. Have you smoked within 1 hour?	☐	☐
4. In the past 24 hours, have you drunk alcohol?	☐	☐
5. Do you have any chronic disease or health problem? If yes, please specify.....	☐	☐
6. Have you ever had a blood disease or bleeding disorder?	☐	☐
7. In the past 1 month, have you taken any medicine? If yes, please specify.....	☐	☐
8. In the past 2 days, have you taken aspirin, a muscle relaxant, or pain killer? If yes, please specify.....	☐	☐
9. In the past 7 days, have you taken antibiotics or any medication for an infection? If yes, please specify.....	☐	☐
10. Do you regularly take medications, herbal medicine, or supplement food that contains biotin? If yes, please specify.....	☐	☐
11. In the past 6 months, have you donated hematopoietic stem cells?	☐	☐
12. For female donor		
12.1 Have you ever been pregnant or abortion?	☐	☐
12.2 Are you menstruating, pregnant or breast-feeding?	☐	☐
12.3 In the past 6 months, have you had given birth/ abortion?	☐	☐
Sexual behavior		
13. Have you ever had sexual contact with anyone with the following characteristics: - sex worker, or anyone who has ever taken money or drugs or other payment for sex - anyone who has ever had HIV/AIDS or has ever had a positive test for HIV/AIDS virus - anyone who has ever used needles to take drugs, or injected non-prescribed drugs - anyone taking any medications to treat or prevent HIV infection - Male who has ever had sexual contact with male	☐	☐
14. Have you ever taken PrEP or PEP for HIV?	☐	☐

	Yes	No
Conditions that might increase infection risk		
15. Do you have the following problems?		
15.1 You have a fever, cough, sore throat, headache or shortness of breath.	☐	☐
15.2 In the past 1 month, have you had influenza, dengue, chikungunya, Zika or COVID-19?	☐	☐
15.3 In the past 1 month, have you traveled to an area that had COVID-19 outbreak? If yes, please specify.....	☐	☐
16. Have you had malaria in the past 3 years or traveled to an area that had malaria outbreak in the past 1 year?	☐	☐
17. From 1980 through 1996, did you spend time that adds up to 3 months or more in the United Kingdom countries of England, Northern Ireland, Scotland and Wales?	☐	☐
18. Have you had diarrhea in the past 7 days?	☐	☐
19. Have you had any dental procedure including tooth filling, plaque removal in the past 3 days, or tooth extraction or root canal treatment in the past 7 days?	☐	☐
20. In the past 1 year, have you had any vaccination or serum injection for passive immunization? If yes, please specify.....	☐	☐
21. In the past 6 months, have you had any surgery? If yes, please specify.....	☐	☐
22. In the past 1 year, have you ever received any blood transfusion or stuck by bloody needle?	☐	☐
23. Have you had a transplant such as organ, tissue, or stem cells?	☐	☐
24. In the past 4 months, have you had ear or body piercings, tattoo or tattoo removal, or acupuncture?	☐	☐
25. In the past 1 year, have you ever been imprisoned for more than 72 consecutive hours?	☐	☐
26. Have you ever been intravenous drug user (IVDU)?	☐	☐
27. Have you ever had a positive test for syphilis?	☐	☐
28. Have you ever had a positive test for hepatitis viruses or lived with a person who had hepatitis?	☐	☐
29. In the past 3 months, have you had weight loss, fever, enlarged lymph node without apparent cause or ever had a positive test for HIV/AIDS virus?	☐	☐
30. Have you ever received advised to refrain from blood donation?	☐	☐
31. Are you confident that your blood is safe for transfusion?	☐	☐

Previous blood donation ☐ No complication ☐ Phlebotomy problem ☐ Fainting ☐ Bruise ☐ Others .....

In this blood donation, you want staff to collect blood from your ☐ Left arm ☐ Right arm

Drink at least 3 - 4 glasses of water before donate blood to prevent dizziness and fainting.

I hereby certify that my answer to the questionnaire is truthful and information given is correct. I therefore voluntarily donate my blood to blood bank section, Maharaj Nakorn Chiang Mai hospital for the benefit of transfusion service and medical research. I acknowledged that my blood donation will be subjected to testing for syphilis, hepatitis B and C, and HIV viruses before it is used for medical purposes. I am confident that my blood is safe for transfusion into another person. I have been informed of benefit and risk associated with blood donation and I am willing to donate blood. I accepted the purposes for collecting, processing, using and disclosing the personal data for medical researches and blood services.

Signature..... Signature.....

Blood donor Staff