BLÓÐBANKINN

BLOOD DONOR HEALTH QUESTIONNAIRE

REGULAR DONORS WITHIN 2 YEARS OF PREVIOUS DONATION

ÚTG. 21, SKJALNR. EYÐ-0032

Use block letters

Name: ..... ID number: .....

Biological sex assigned at birth ☐ MALE ☐ FEMALE ☐ OTHER

What gender do you identify as now? (important regarding possible red cell antibodies) .....

Phone number: ..... Email: .....

Occupation: ..... Do you have a hazardous occupation / -hobby ? ☐ YES ☐ NO

Are you interested in donating an extra sample and be registered as a stem cell donor (18-40 years old)? ☐ YES ☐ NO

When did you last eat? ..... Any reaction during / after previous blood donation / sample? .....

Have you donated blood outside of Iceland? ☐ YES ☐ NO Where and when? .....

Have you ever been deferred from donating blood? ☐ YES ☐ NO If yes, what was the reason? .....

KEEP IN MIND:

Blood samples are taken every time you donate and are tested for HIV, syphilis and hepatitis B and C.

It is not guaranteed that infection markers are detected, even in an infected donor.

If infection markers are detected, the blood donor is contacted, permanently deferred from donating blood and the blood unit discarded.

Please answer all the questions so that we can assess your eligibility to donate blood.

All information is treated confidentially.

By giving my signature, I confirm that I have read and understood the educational material provided by the Blood Bank, have had the opportunity to ask questions and have received satisfactory answers.

I consent to blood donation / blood test today and to the storage of my information in printed and digital form in the Blood bank.

I vouch for having answered the health questionnaire to the best of my knowledge.

Date.: ..... Signature of blood donor: .....

Employees only:

DONOR ID	INTERVIEW	SKIN INSPECTION	DONATION	ATH CODE (FV/AU)

GENERAL QUESTIONS

	Yes	No
1. Do you consider yourself healthy and are you feeling good today?	☐	☐
2. Do you weigh more than 50 kg / 110 lbs?	☐	☐
3. Do you use doctor prescribed medication (including topical application, injection)?	☐	☐
4. Have you in the past **2 weeks** used medication, also non prescribed, e.g. pain killers, herbal remedies, dietary supplements?	☐	☐
5. Are you currently under medical supervision, waiting for results from blood tests or other medical screening, have you been hospitalized for the past **6 months** or on a sick leave?	☐	☐
6. Have you had a fever, cough, cold, diarrhea, swollen nodules or been vomiting for the past **2 weeks**?	☐	☐
7. Have you had unusual or unexplained symptoms of illness, prolonged fever or unexplained weight loss?	☐	☐
8. Do you have ruptured skin, skin infection, rash, eczema, psoriasis, cold sore or other skin problems?	☐	☐
9. Have you had a dental appointment in the past **4 weeks**?	☐	☐
10. Have you in the past **4 weeks** been in contact with anyone with an infectious disease, e.g. chicken pox?	☐	☐
11. Have you in the past **12 months** received a vaccination?	☐	☐
12. Have you in the past **2 weeks** used illegal substances (smoked, swallowed or via mucus membrane)?	☐	☐
13. Have you **ever**, even just once, shared a needle / syringe with someone or injected yourself with an illegal substance (non-doctor prescribed), e.g. drugs, anabolic steroids, hormones or peptides?	☐	☐
14. Have you in the past **4 weeks** used medication for acne (e.g. Roaccutan, Isotretinoin, Decutan, or Alitretinoinum), medicine for enlargement of the prostate gland or loss of hair (e.g. Finol, Finasterid, Proscar)?	☐	☐
15. Have you in the past **3 years** taken Neotigason or Acitretinum for psoriasis or in the past 2 years taken Erivedge / Vismodegib for basalcell cancer?	☐	☐
16. Have you **ever** taken Etretinat / Tegison / Tigason for psoriasis?	☐	☐

HAVE YOU IN THE PAST 4 MONTHS?

	Yes	No
1. Had a tattoo, body / skin piercing or scarification?	☐	☐
2. Had acupuncture or dry needling from other than a healthcare professional?	☐	☐
3. Had permanent make-up, electrolysis or beauty treatment, where skin was ruptured (microblading, botox, fillers)?	☐	☐
4. Had surgery?	☐	☐
5. Had a gastroscopy / endoscopy or other kind of procedure where a flexible instrument was used?	☐	☐
6. Been injured, e.g. bone fracture?	☐	☐
7. Been exposed to another person's body fluids, e.g. through a needlestick injury, blood or body fluid splashing into your eyes or mouth, or a bite from a person, animal or insect?	☐	☐
8. Been diagnosed with a sexually transmitted disease	☐	☐
9. Been in contact with or shared a household with an individual that has an infectious disease, e.g. hepatitis?	☐	☐

INDIVIDUAL RISK ASSESSMENT - INFECTION PREVENTION

	Yes	No
1. Have you read the booklet: Individual risk assessment-Infection prevention?	☐	☐
2. In the past **4 months**, have you had sex with a new partner?	☐	☐
3. In the past **4 months**, have you had what is considered sexual relation of higher risk?	☐	☐

DO YOU HAVE / HAVE YOU EVER BEEN DIAGNOSED WITH?

	Yes	No
1. Underlying or newly diagnosed disease?	☐	☐
2. Suspicion / diagnosis of Creutzfeld-Jakob disease in you or blood relatives?	☐	☐

WOMEN / TRANS MEN:

	Yes	No
1. Have you in the past **6 months** been pregnant / given birth / had a miscarriage / had termination of pregnancy?	☐	☐
2. Have you had conization, been diagnosed with cervical cell changes or need more frequent screening than normal scheduling?	☐	☐
3. Are you currently trying to conceive or getting fertility treatment?	☐	☐

MEN / TRANS WOMEN

	Yes	No
1. Have you been under observation or treatment for the enlargement of the prostate gland or prostate disease?	☐	☐
2. Have you in the past **6 months** used Avodart or Dutasteride medication for the enlargement of the prostate gland?	☐	☐

TRAVEL AND / OR RESIDENCE

	Yes	No
1. Have you lived outside of Iceland (Nordic countries excluded)?	☐	☐
2. Have you **ever** stayed for more than **4 weeks** continuously in Central / South America incl. Mexico?	☐	☐
3. Have you stayed in a malaria endemic area for **6 months or more**?	☐	☐
4. Have you travelled or stayed outside of Iceland for the past **6-12 months**?	☐	☐
5. If yes: Did you get symptoms, e.g. fever, did you need medical assistance while travelling or within 4 weeks after returning home?	☐	☐

Please contact us if you become ill within two weeks of donating blood