

**DONOR SCREENING FORM
BLOOD BANK**

Tel. : 26731166 } Extn. 1166
26731179 }

**JAI PRAKASH NARAYAN APEX TRAUMA CENTRE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Raj Nagar, New Delhi - 110029**

For Office use

DONOR'S Name

Father's/ Husband's Name

Age Sex : M / F

Address

.....

Phone Occupation

Blood Group

Donation for

Name of the Patient

Ward / Bed No.

Friend / Relative

Date

Donation No.

1. Blood Pressure

2. Pulse Rate

3. Weight/Height kg./cm

4. Temp °C

5. Haemoglobin

Examination results :

Accepted

Rejected : Temporarily / Permanent

Signature of Medical Officer

Please answer the following questions yourself honestly and correctly. These are for your Safety and the

Safety of the patient who will receive your blood. This information will be confidential

- | | | |
|--|--------|-----------------------------|
| 1. Have you eaten today ? | | Yes/No |
| 2. Did you sleep last night ? | | Yes/No |
| 3. Have you taken aspirin in the last 3 days? | | Yes/No |
| 4. Have you donated blood before ? | Yes/No | Date of Last Donation |
| If yes, did you experience any discomfort ? | | Yes/No |
| 5. Are you being treated or have you been treated by doctor in the last 6 month? | | Yes/No |
| 6. Have you undergone any major surgery in last 6 month? | | Yes/No |
| 7. Have you ever suffered from TB / Malaria? | | Yes/No |
| 8. Do you suffer from shortness of breath or any respiratory disease? | | Yes/No |
| 9. Are you taking any medicines / drugs now. Have you taken any medicines / drugs for more than 2 weeks in the last 6 month ? | | Yes/No |
| 10. Do you suffer from fainting spells or convulsions? | | Yes/No |
| 11. Do you have prolonged bleeding from a cut / wound? | | Yes/No |
| 12. Have you had jaundice after 18 yr. of age? | | Yes/No |
| 13. Have you received antirabies vaccination for animal bite in the last 1 year? | | Yes/No |
| 14. Any other vaccination / inoculations. | | Yes/No |
| 15. Have you received blood, plasma or blood products in the last 6 months? | | Yes/No |
| 16. Have you ever had venereal disease? | | Yes/No |
| 17. Have you heard of the disease AIDS? | | Yes/No |
| 18. Persons who inject themselves with drugs, have multiple sex partners or same sex partners are more likely to be infected with the virus causing AIDS ? Do you practice any of the above? | | Yes/No |
| 19. Have you had any tattoo, piercing or acupuncture in last one year? | | Yes/No |

Women Donors

- | | | |
|--|--------|-----------------------------|
| 20. Are you Pregnant ? | Yes/No | Last menstrual period |
| 21. Are you breast feeding now ? | Yes/No | |
| 22. Any h/o abortion/miscarriage in last six months ? | | Yes/No |
| 23. I would like to be informed of my infection markers results. | | Yes/No |

I have answered the question truthfully, I permit the Main Blood Bank, AIIMS to collect and process my blood, when necessary to destine it for examination and to distribute this blood and / or its components to patients in need of blood transfusion.

Signature of Donor