

BLOOD DONOR SESSION FORM

Donor Number

Donor Only

Full Name		
Occupation		Receiving my blood donation report
<input type="checkbox"/> Business & Service	<input type="checkbox"/> Professional at Gaming Industry	<input type="checkbox"/> Online MBTS website (excluding 1 st time donor)
<input type="checkbox"/> Civil Servant	<input type="checkbox"/> Professional & Technician	<input type="checkbox"/> At the Blood Centre
<input type="checkbox"/> Secondary Student	<input type="checkbox"/> Uni Student <input type="checkbox"/> Housewife	<input type="checkbox"/> By post
<input type="checkbox"/> Industrial	<input type="checkbox"/> Others _____	<input type="checkbox"/> I do not require my report

Sex :	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth :	_____ (D)/ _____ (M)/ _____ (Y)
ID/Passport	
<input type="checkbox"/> Macau ID	<input type="checkbox"/> H.K. ID <input type="checkbox"/> Work Permit
<input type="checkbox"/> Mainland ID	<input type="checkbox"/> Passport: country of issue _____
<input type="checkbox"/> Other document: _____	
N ^o . : _____	
SSM. N ^o . : _____	
Ethnic Group	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Macanese <input type="checkbox"/> Caucasian
<input type="checkbox"/> Filipino	<input type="checkbox"/> Nepalese <input type="checkbox"/> Thai
<input type="checkbox"/> Singaporean	<input type="checkbox"/> Indonesian <input type="checkbox"/> Malaysian
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean <input type="checkbox"/> Burmese
<input type="checkbox"/> Indian	<input type="checkbox"/> Other: _____
Mobile :	_____
Tel. :	_____
Address	
<input type="checkbox"/> Macau <input type="checkbox"/> Taipa <input type="checkbox"/> Coloane <input type="checkbox"/> Others _____	
(Street) _____	(St. No) _____
(Building) _____	
(Block) _____	(Floor) _____ (Flat) _____
E-mail :	_____

Donation Number

Receptionist : _____

Data input : _____



衛生局捐血中心

Centro de Transfusões de Sangue dos Serviços de Saúde

衛生局格式 743
SS-MOD 743

CTS-F7r20Rc-E

Effective Date: 01/08/2020
A3 規格印件 2020 年 8 月
Formato A3 IMP. Agosto 2020

BLOOD DONOR HISTORY QUESTIONNAIRES

During the early stage of infection, laboratory tests may not be able to detect infectious agents. For this reason, the safety of blood cannot depend entirely on laboratory tests. In order to help us provide safe blood and blood components to patients, please answer the following questions truthfully. Thank you!

Please put “✓” in the boxes.

		Yes	No	Staff only
1.	Have you read and understood the leaflets “ IMPORTANT INFORMATION FOR BLOOD DONORS ” and “ WHO SHOULD NOT GIVE BLOOD ”?			
2.	Do you belong to any group of people who should not give blood mentioned in the leaflet “ WHO SHOULD NOT GIVE BLOOD ”?			
YOUR CURRENT CONDITION		Yes	No	Staff only
3.	Did you sleep well last night?			
4.	Are you currently undergoing medical treatment or waiting for test results?			
5.	After blood donation, are you going to take part in any vigorous activities or work at hazardous depths or heights today?			
HAVE YOU EVER		Yes	No	Staff only
6.	Have you ever been deferred as a blood donor or told not to donate blood?			
7.	Have you had any dental procedure in the past week?			
8.	Have you had fever, headache, or diarrhea in the past 10 days?			
9.	Have you had any vaccinations, e.g. influenza, polio, tetanus, rubella, Hepatitis B... in the past 4 weeks?			
10.	Have you ever been in close contact with any individual who suffers from infectious disease such as smallpox, German measles (rubella), pulmonary T.B. in the last 4 weeks?			
11.	Have you had a tattoo, acupuncture, ear or skin piercing in the past 12 months?			
12.	Have you had any endoscopic examination, blood transfusion or surgery in the past 12 months?			
13.	Have you been injected with rabies vaccine or HBV immunoglobulin in the past 12 months?			
14.	Have you traveled outside Macau in the past 12 months? If so, did you have any discomfort such as fever, diarrhea, weight loss, etc, after returning to Macau?			
15.	Have you been living in Macau for <u>less than</u> 3 years? Previous country of residence: _____			
16.	Have you been treated with any medication for acne or psoriasis in the past 3 years?			
17.	Have you ever had any of the following symptoms or diseases? (Please check) <input type="checkbox"/> Chest pain <input type="checkbox"/> Hypertension <input type="checkbox"/> Cardiac disease <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Pulmonary disease <input type="checkbox"/> Cancer <input type="checkbox"/> Stroke <input type="checkbox"/> Bleeding disorder <input type="checkbox"/> Other _____			
18.	Have you ever been informed as G6PD deficient?			

	Yes	No	Staff only
19. Have you ever received hormone treatment or immunotherapy (growth hormone)?			
20. Have you, or anyone in your family, had Creutzfeldt-Jacob disease?			

OTHER QUESTIONS				Yes	No	Staff only
21.	Have you suffered from infectious disease such as dengue fever, malaria, Chagas Disease, West Nile Disease or SARS?					
22.	Have you ever stayed 5 years or more in European countries or had a blood transfusion in England or France since 1980?					
23.	Have you ever stayed 3 months or more in the UK, Ireland or France between 1980 and 1996?					
24.	Did you feel unwell or find a bruise around the venepuncture site after the last donation? (for individuals who had given blood before)					

QUESTION 25 to 26 ARE FOR FEMALE ONLY				Yes	No	Staff only
25.	Are you pregnant?					
26.	Have you given birth/ had abortion in the past 6 months?					

DOCTOR ONLY				Yes	No	Staff only
27.	Have you ever had psychiatry medication or drug abuse via intravenous injection?					
28.	Have you had any history of venereal diseases or multiple sexual partners in the past 12 months?					
29.	Do you suspect that you are infected with AIDS / sexual transmitted disease?					
30.	Male donor: Have you ever had sex with a man (including oral sex and anal sex, etc)?					

Declaration	
<ol style="list-style-type: none"> 1. I have read, understood, and agree with the contents contained in the leaflets "IMPORTANT INFORMATION FOR BLOOD DONORS" and "WHO SHOULD NOT GIVE BLOOD". 2. I declare that all the information I have provided is truthful and accurate. I acknowledge that inaccurate information may lead to hazardous consequence to patients. 3. I agree that laboratory tests may be performed on my blood sample. 4. I understand and agree that the blood I donated will be used for clinical blood transfusion purposes, and it may also be used for quality control, diagnosis and research. 	
Signature: _____	Date: _____(D)_____(M)_____(Y)

Declaration for the collection of personal information:

- The purposes of collecting the above information are for MBTS to evaluate your eligibility to donate blood and safeguard the safety of the recipients.
- Your personal information will be kept confidential and protected in accordance to the "Personal Data Protection Act" (Law no. 8/2005). You have the right to check, change or update your personal information at MBTS according to section 11 of the "Personal Data Protection Act".
- Blood donors must be clear that if you know that you are a carrier of transfusion transmissible infectious disease/s and do not fill this questionnaire truthfully and any individual/s becomes infected with disease transmitted through your blood donation, you are liable to be charged under the Penal Code.
- The personal information provided by blood donors will be kept strictly confidential unless required by law or the court of law.

