

DONOR DECLARATION

To : Group Director
Blood Services Group
Health Sciences Authority

I declare that all the answers to the above questions are true.

I declare that my blood donation is made on a fully voluntary and non-remunerative basis as an altruistic gift of life.

I consent to the use of my blood donation for such purposes as is deemed fit in the public interest. In connection with the use of my blood donation to serve the public interest, my consent includes use of my blood or samples of my blood and my personal data collected during my blood donation for the following purposes:-

- Blood typing and testing for ensuring transfusion and transplant safety, including testing it for haemoglobin, Syphilis, Hepatitis B, Hepatitis C, HIV virus (which causes AIDS), Zika and such other tests as are deemed to be necessary;
- Use for statistical and academic analysis and study purposes provided that I shall not be identified;
- Use for any medical and health related research and development study provided that I shall not be identified and formal ethics approval will be obtained for the studies if required;
- Notification for blood donor recruitment, outreach and educational initiatives which may be conducted by HSA or the Singapore Red Cross Society (SRC) provided that I may contact HSA or SRC anytime to inform that I do not wish to be notified of such matters.

I confirm that I fully understand:-

- The donor educational materials provided to me, which includes information on the donation process and the possible side-effects and risks of donating blood;
- If my blood sample collected is unsuitable, testing may not be performed and my blood will not be used;
- If my blood test for infectious diseases is not clearly positive or negative, my blood will not be used and my name may be placed on a deferral list;
- The blood test results are solely for ensuring a safe transfusion and the test results will not be released for insurance, employment or for any other purposes.

I further confirm that this Questionnaire has been translated to me at my request** in _____ (language) by _____ (Name/NRIC)

and I fully understand its contents and the following:-

**delete where appropriate

- If my blood should not be transfused to another person, I shall call telephone no. **1800-226 3320 (Toll-Free)** to alert HSA immediately. No reasons need to be provided during the phone call, but my donated blood will still be subjected to infectious disease testing for epidemiological assessment of the donor pool.
- **IF ANY OF MY ANSWERS OR INFORMATION GIVEN IN THIS QUESTIONNAIRE ARE FALSE OR MISLEADING, I SHALL BE PROSECUTED AND MAY BE IMPRISONED AND/OR FINED.**

Consent to use my residual blood components and blood sample for research

I consent to the use of residual blood components and samples from my donation for medical and health related research and development, on the basis that this will not be linked to my personal details and all research projects involving these samples have received formal ethics approval.

Yes No

NAME OF DONOR (IN BLOCK LETTERS)	SIGNATURE OF DONOR	
NRIC/FIN/PASSPORT NUMBER	DATE	
NAME OF MO / MS & SIGNATURE	PRE-PHLEBOTOMY CHECK	PHLEBOTOMY

DONOR HEALTH ASSESSMENT QUESTIONNAIRE and DECLARATION FORM

AN IMPORTANT MESSAGE TO BLOOD DONORS

The purpose of this DHAQD Form is to confirm your suitability as a blood donor. If there is a possibility of an infection being transmitted to the recipient of your blood, your donation cannot be proceeded with.

Please read the following section carefully. **If you have any of the following conditions now or in the past, you cannot donate blood.**

Conditions That Make Your Blood Unsuitable For Donation

1. High Risk Behaviours

Certain persons are at an increased risk of being exposed to blood borne diseases such as Human Immunodeficiency Virus (HIV) and must not donate blood (include whole blood and apheresis donation). They are:

- *Persons who have engaged in sexual activity* with multiple partners, including prostitutes and persons who engaged in casual sexual activity**,
- *Persons who have **ever** injected themselves with addictive drugs,*
- *All men who have **ever** had sex with another man,*
- *Persons who are or have **ever** worked as prostitutes,*
- *Persons who have **ever** had sex with someone with HIV/AIDS*

If you have engaged in **any of the above activities or suspect that you may have been otherwise exposed to blood borne diseases such as HIV.** **DO NOT DONATE BLOOD.**

You are also advised to undergo testing for blood borne diseases, which is available at polyclinics and at the Department of STI Control.

2. Medical Conditions - IF YOU HAVE THESE CONDITIONS DO NOT DONATE BLOOD

a. Acquired Immune Deficiency Syndrome (AIDS) / HIV infection

HIV infection is caused by the Human Immunodeficiency Virus (HIV I & II). The end stage of this disease is called AIDS. HIV infection is mostly spread through:

- Engaging in sexual activity* with an infected person
- sharing contaminated needles like those used by intravenous drug abusers
- transfusion of contaminated blood
- infected pregnant woman to her unborn baby

The early stage of HIV infection is called the “window period”. During the window period, you may feel and look well and test results will be negative for infection. However, as you are carrying the virus in your blood stream, recipients of your blood will become infected with HIV.

The signs and symptoms suggestive of HIV/AIDS include weight loss, swollen glands in the neck, armpits or groins, persistent diarrhoea or rare cancers (eg. Kaposi Sarcoma, non-Hodgkin Lymphoma). You must not give blood, (a) if you have been tested positive for HIV or have AIDS, and/or (b) have engaged in any of the above activities and/or (c) suspect you have been exposed to HIV.

b. Hepatitis

Hepatitis is a viral disease that affects the liver. Carriers of the Hepatitis B or C virus cannot donate blood. For persons who **ever** had Hepatitis A, the doctor must assess the safety of your blood for donation purposes. As a precautionary measure if you have had close contact with any person who has had hepatitis, you should not donate blood for at least 12 months.

c. Other sexually transmitted diseases

Persons who have been diagnosed or treated for sexually transmitted diseases (STD) should not donate blood for at least 12 months. Symptoms of sexually-transmitted diseases include genital ulcer, discharge, or swollen glands in the groin.

d. Malaria

Malaria is a parasitic infection transmitted through the bite of an infected Anopheles mosquito. It can also be transmitted by blood transfusion. First-time donors with a history of malaria will be deferred indefinitely. Please inform us if you have visited a malaria endemic area in the last 12 months or lived in a malaria endemic area for more than 6 months. If you have returned recently (less than 4 months) from a malaria endemic area, you will be deferred for at least 4 months from the date of return. Donors who test positive for malaria will be deferred indefinitely. Donors, however, who visited a malaria endemic area for only a short “day trip” (that is, there was no overnight stay) can proceed with donation.

e. Other Conditions

In addition to these infections that can be transmitted through blood transfusion, there are new conditions that may have the potential to infect patients receiving blood or blood products. Examples of such emerging infectious diseases include the dengue virus, West Nile Virus (WNV), chikungunya virus, zika virus, and variant Creutzfeld-Jacob disease (vCJD). There may also be immune factors present in blood that can adversely affect the health of the patient receiving the blood transfusion. Although these conditions do not currently pose a serious threat to the safety of blood supply in Singapore, we need to monitor them closely and additional tests may therefore be performed on your blood donation to protect the patient receiving the blood transfusion.

3. Other Ways Your Donation Can Help

Residual blood components and samples of your donation (by-products such as white blood cells) may occasionally be used for research and development work rather than being discarded. Our research and development work aims to enhance public health by improving the safety of the blood supply and advancing medical knowledge and healthcare. Samples will not be linked to your identity. All research projects involving these samples must receive formal ethics approval.

** The term “**sexual activity**” means any of the activities below whether or not a condom or other protection was used:*

- Vaginal sex (contact between penis and vagina)
- Oral sex (mouth or tongue on someone’s vagina, penis, or anus)
- Anal sex (contact between penis and anus)

What should I do to ensure my blood is safe to donate?

The following sections of this document are required to be completed to help both you and the Blood Bank to ensure the safety of your blood for donation purposes

1. Donor Registration
2. Donor Health Assessment Questionnaire
3. Donor Declaration

Any information you give us is strictly confidential.

DONOR REGISTRATION

NRIC/FIN/PASSPORT NUMBER <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>				FIRST TIME <input type="checkbox"/>		DONATION #									
NAME (AS IN NRIC/ FIN No./ PASSPORT)				REPEAT <input type="checkbox"/>		DONATION DATE									
				LAST DONATION DATE		COLLECTION SITE		ASSOCIATION		PH TYPE					
SINGAPORE RESIDENTIAL ADDRESS				BLD GRP		DEFERRAL CHECK		HB		TIME RECEIVED					
				POSTAL CODE S()				PH ID		DONATION TIME START		PREPARED BY			
MOBILE PHONE NO		HOME PHONE NO		OFFICE PHONE NO		OCCUPATION		PH STATUS		STOP					
BIRTH DATE		SEX		RACE				GROSS QTY (Gms)		NETT BLOOD (MLS)		MACHINE #			
<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>		M F		CHINESE MALAY INDIAN OTHERS				BAG TYPE		LOT #		CAPPING DONE		DNE DONE	
EMAIL ADDRESS															
SCREENER ID		B.P. (mm Hg)		PULSE (/min)		TEMP (°C)		WEIGHT (kg)		DEFERRAL CODE		START DATE/ END DATE		RES CODE	

COMMENTS (For Official Use Only)

DONOR HEALTH ASSESSMENT QUESTIONNAIRE

The questions below cover your health, travel and sexual history and are designed to help assess whether you are at risk of an infectious disease or a non-infectious health condition that would render you unsuitable to donate blood (for example, a history of auto-immune disorders like Rheumatoid Arthritis, as well as the presence of injurious agents in the blood and implication in Transfusion-Related Acute-Lung-Injury or TRALI).

The Blood Bank relies on you to answer the questions truthfully and to disclose information which is relevant to help us determine the safety of your blood.

You must complete and answer ALL the questions. If you are between 16 and 17 years old, parental consent is required prior to making a blood donation.

If your answer is false or misleading, you will be liable to prosecution under the Infectious Diseases Act. Supplying false information is an offence punishable under the Act with a fine of up to \$20,000 and/or with imprisonment of up to 2 years or to both.

Please call us at **1800-226 3320** (24-hour hotline) immediately if you feel that your blood **should not** be given to any patient. Health, travel, social or sexual histories may expose donors to infectious diseases like HIV, Hepatitis B and C, Zika, Syphilis and Malaria. Please help us provide the safest possible blood to our patients by alerting us early if you have any concerns or doubts. Your call will be kept strictly confidential and no questions will be asked. Although your blood will not be used, it will still be subjected to infectious disease testings to monitor the pattern and incidence of blood-transmissible diseases of the donor pool.

If you require clarification on any of the questions, please discuss this with the Medical Officer / Medical Screener:

(Please indicate your answer by placing a mark inside the box using a permanent ink pen)

LIFESTYLE

	Yes	No	Official Use
1(a) Is your purpose for this donation visit to find out whether or not you are infected with HIV or suffering from AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1(b) There is a window period in the early stage of HIV infection where you may test negative for the virus and you may feel well. Do you know that during this window period you can transmit the virus to someone else?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1(c) Is there any reason for you to suspect that you have or could possibly have been infected with HIV or AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1(d) Have you ever offered to anyone sexual activity* services for cash or benefits of any kind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2(a) Male Donors: have you ever engaged in sexual activity* with another male?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2(b) Female Donors: in the past twelve (12) months, have you engaged in sexual activity* with a male whom you know or suspect to have engaged in sexual activity* with another male?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3(a) In the past twelve (12) months, have you had: unexplained weight loss or persistent night sweats, fever, diarrhoea or swollen glands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3(b) In the last twelve (12) months, have you engaged in sexual activity* with anyone you know or have reason to suspect is infected with HIV or AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 4 In the last twelve (12) months, have you:
- (a) received from anyone sexual activity* services for cash or benefits of any kind? Yes No
 - (b) engaged in sexual activity* with anyone whom you have known for less than six (6) months? Yes No
 - (c) engaged in sexual activity* with more than one partner? Yes No
 - (d) had been diagnosed for syphilis, gonorrhoea or any other sexually transmitted disease or had a positive test for syphilis? Yes No
 - (e) engaged in sexual activity* with a person described as in paragraphs 4(a), (b), (c) or (d)? Yes No

* The term **“sexual activity”** means any of the activities below whether or not a condom or other protection was used:

- Vaginal sex (contact between penis and vagina)
- Oral sex (mouth or tongue on someone’s vagina, penis, or anus)
- Anal sex (contact between penis and anus)

TODAY

- 5 Are you feeling well today? Yes No
- 6 **Female Donors:** Are you currently pregnant? Yes No

IN THE PAST 3 DAYS

- 7 Have you:
- (a) taken any medication (including pain killers)? Yes No
 - (b) had a tooth extraction or dental work? Yes No
 - (c) taken any form of traditional medicine (including herbal extract)? Yes No

IN THE PAST 1 WEEK

- 8 Do you have any cold, flu, cough, sore throat, diarrhoea or any other infection? Yes No

IN THE PAST 3 WEEKS

- 9 Do you have any fever? Yes No
- 10 Have you been in close contact with contagious infection, e.g. Chickenpox, Measles, Dengue, Zika, Chikungunya or any other viral infections? Yes No

IN THE PAST 4 WEEKS

- 11 Have you experienced any symptoms of generalised muscle ache, joint pain, rash or conjunctivitis (red eye)? Yes No

IN THE PAST 12 MONTHS

- 12 Have you:
- (a) been in close physical contact with anyone with yellow jaundice or Hepatitis or a positive Hepatitis test? Yes No
 - (b) received a blood transfusion? Yes No
 - (c) had body piercing (including ear piercing), tattoos, acupuncture done or been accidentally exposed to someone else’s blood (including blood contaminated instrument)? Yes No
 - (d) been detained or remanded in prison, approved institutions, approved homes or detention centres/barracks? Yes No

- 13 Have you:
- (a) been hospitalised? Yes No
- (b) been under a doctor's care regularly? Yes No
- (c) had a major illness or surgery (including wisdom tooth extraction)? Yes No
- (d) contracted contagious infection, e.g. Chickenpox, Measles, Dengue, Chikungunya, Zika or any other viral infections? Yes No

VACCINATION

- 14 Have you received:
- (a) any Hepatitis vaccination before? If yes, when? Yes No

- (b) Any other injection or vaccination (other than Hepatitis) in the past twelve (12) months? If yes, please provide details of injection(s)/vaccination(s) Yes No

- (c) In the past eight (8) weeks, have you received smallpox vaccination or have you had close physical contact (eg, touch) with the vaccination site of anyone who received small pox vaccination? Yes No

EVER IN WHOLE LIFETIME TILL CURRENT POINT

- 15 Have you ever:
- (a) been advised to stop giving blood permanently (refused as a blood donor)? Yes No
- (b) received blood transfusion in UK, Mexico, France, South America or Central America? Yes No
- (c) taken or been injected with addictive drugs? Yes No
- 16 Have you ever received / are taking:
- (a) Human Growth Hormone? Yes No
- (b) Cornea / dura mater transplant? Yes No
- (c) Insulin / diabetic medication? Yes No
- (d) plasma derived products? Yes No
- 17 Have you ever had:
- (a) heart trouble, chest pain, shortness of breath, persistent cough? Yes No
- (b) high blood pressure requiring medication? Yes No
- (c) disease of the lungs, kidneys, liver or blood? Yes No
- (d) a diagnosis of any cancer? Yes No
- (e) any skin disease/condition? Yes No
- (f) fainting, unconsciousness, fits or mental disorder? Yes No
- (g) yellow jaundice or Hepatitis or a positive Hepatitis test? Yes No
- (h) Malaria, Babesiosis or Chagas disease? Yes No

18 Have you ever had any blood relatives who has been diagnosed with Creutzfeld-Jacob Disease (CJD)? Yes No

19 **Female Donors:** have you ever been pregnant in the past or had an abortion or a miscarriage previously? If so, please provide the number and last date of pregnancy Yes No

TRAVEL HISTORY

20 Have you:
(a) travelled/stayed out of Singapore in the past twelve (12) months? If yes, where and when? Yes No

(b) ever lived in a malaria endemic area consecutively for six (6) months or more? If yes, where? Yes No

(c) ever stayed in Mexico, South America or Central America for a continuous period of four (4) weeks or more? Yes No

(d) visited or lived cumulatively in UK (England, Scotland, Wales, Northern Ireland, Isle of Man & Channel Islands) for three (3) months or more from 1980 to 1996? Yes No

(e) visited or lived cumulatively in Europe (other than UK) for five (5) years or more from 1980 to the present? Yes No

UNDERSTANDING OF ESSENTIAL INFORMATION

21 Do you understand:
(a) all the questions and information contained in this form and the donor information presented to you? Yes No

(b) that blood which is infected and donated to another person can cause disease, disability, pain, suffering and even death to him/her? Yes No

(c) the need to call back at once if you suspect your blood may carry infections that could be spread to patients or if you develop any symptoms of an infection (such as fever, rash, generalised body ache, sore throat, conjunctivitis, and persistent cough) in the first two (2) weeks following blood donation? Yes No

(d) if you feel that your blood should not be transfused to another person, you can call the 24-hour hotline at telephone no. **1800-226 3320** (Toll-Free) to alert HSA immediately? Yes No