

Thank you very much for giving blood

1,000 donations a day are required to attend to all the people in Catalonia who need blood

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE QUESTIONNAIRE

Blood: a possible channel for the transmission of infectious diseases

Although blood performs some of the body's vital functions, it can also be a **vehicle for the transmission of pathogenic agents** (bacteria, viruses and parasites) that can cause numerous diseases such as hepatitis, AIDS, Chagas disease and syphilis.

To prevent transmission, blood banks perform very sensitive **analyses** for detecting pathogens. They are, however, not always detected in these tests. It is therefore **VERY IMPORTANT** for **people who may be carriers of any of these pathogens NOT TO GIVE BLOOD**.

DO NOT GIVE BLOOD if any of the following circumstances apply to you:

- You are or believe you may be a carrier of the **human immunodeficiency virus (HIV)** or **AIDS virus**.
- You are or believe you may be a carrier of any **hepatitis virus (B or C)**.
- You have injected **drugs** (heroin, bodybuilding hormones, etc.) at any time in your life, even if was only once and a long time ago.
- You have ever accepted money, drugs or any other type of payment in exchange for **sexual intercourse**.
- In the past 4 months you have had **sexual intercourse** with: **different partners**, any person who is a carrier of the **AIDS virus (HIV)**, any person who frequently changes sexual partners, any person who may have injected **intravenous drugs**, any person who engages or has engaged in **prostitution**.

Proper donor selection is the responsibility of the Banc de Sang i Teixits, which must establish the criteria and facilitate the necessary information to anyone who wishes to give blood. However, it is the **donor's responsibility** as well. **You can work together with us to ensure the utmost safety of the blood intended for the proper care of patients in need of transfusion.**

Giving blood is not an appropriate method with which to determine your state of health or to have a blood test done. If that is what you require, you should:

- Consult your family doctor.
- Call the AIDS information helpline: **900 212 222**

BLOOD DONATION AND BIOBANK

I hereby give my consent to:

1. Having blood taken from me for treating the sick.
2. In the event of not being possible to use this for said purpose, the blood and/or its components being kept anonymously at the Biobank recognised by the Banc de Sang i Teixits (Blood and Tissue Bank), for these to be applied in authorised biomedical research work intended for the progress of knowledge on the prevention, diagnosis, prognosis and/or treatment of diseases, as well as for improving biomedical control systems.
3. In exceptional circumstances, if they are not used for the above purposes, the blood and/or its components may be used for teaching work and/or for preparing diagnosis and therapy items, by the Banc de Sang i Teixits or other organisations or bodies.

I hereby declare that:

1. I have received understandable complementary information about:
 - The nature of blood and its components, the mechanisms of donation and the benefits stemming from it.
 - The reasons justifying the need to be examined, the causes for exclusion and rejection of the blood obtained and the importance of consent.
 - The possibility of suspending or excluding the donation at any time, and of revoking consent to keep the product or apply this to research work, where applicable.
 - The commitment that the traceability of the donation will be guaranteed and that I will be given any information obtained from the analyses that might be important for my health.
 - The importance of my informing of any illness after the donation which might affect the use of the blood.

2. I have understood the information and any questions that I might have asked have been satisfactorily answered.
3. Everything I have declared in the questionnaire filled in by me is true and correct.
4. I am aware that giving blood is a voluntary and altruistic act and that I will consequently not be given any compensation, either economic or of any other kind, nor in the event of the research authorised with the product of the donation possibly generating any profit.

PROCESSING OF PERSONAL DATA

I hereby give my consent to:

1. The BST being able to use my personal data to give me any information that it considers of interest on blood donation.
2. The BST giving my data to companies engaged in promoting donation, always in compliance with legal requirements.

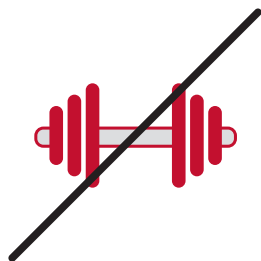
I declare that:

1. I have been duly informed, in compliance with legislation, that my personal data will be included, as required, in the Database of Catalonia Register of Blood Donors, managed by the Banc de Sang i Teixits, which is owned by the Directorate General for Health Planning and Regulation of the Health Department, for the necessary purposes of properly governing the donation process and application of haemoderivatives.
2. I have been guaranteed that the data will be confidentially safeguarded, subject to high level security measures, with no prejudice to any legally established exceptions.
3. I accept that, should I wish to do so, I may get in touch with the body in charge of the database (Banc de Sang i Teixits, Pg. Taulat, 116. 08005 Barcelona. Tel. 93 557 35 00) in order to make use of my rights of access, rectification, cancellation and opposition, as laid down in applicable regulations.

Recommendations after having given blood



Do not remove the plaster for at least **2 hours**



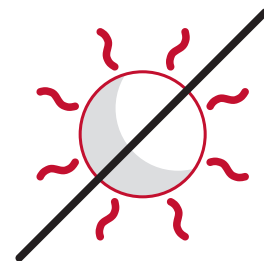
Do not do strenuous physical exercise for **24 hours** particularly with the arm from which blood was taken



Do not drink alcohol or smoke for **2 hours**



Drink plenty of liquid in the subsequent **24-48 hours**



Avoid very hot places. Well-ventilated, cool zones are better

We also recommend that you should:

- Resume normal activity as soon as possible. Walk rather than sit still in a chair.
- Include salty ingredients in your diet for 24-48 hours.
- If the injection site bleeds when you remove the plaster, press the wound for 3-5 minutes.

If you feel faint at all:

- Lie down and ask people around you for help.
- Do not try to remain upright.
- Once lying down, raise your legs to stimulate circulation.
- Cross your ankles and every 5 seconds contract and relax the muscles in your legs and backside.
- The feeling of faintness will soon disappear.

If you have to do a blood test in the coming days, tell the doctor that you have given blood so he or she may interpret the results of your test properly.

If you should feel any discomfort or would like to offer us any suggestions, please contact any of our **permanent donation centres** or our **Donor Service Centre** on **93 557 35 00** or write to us at **atenciodonant@bst.cat**

For further information:

93 557 35 00
donarsang.gencat.cat



BANC DE SANG
I TEIXITS

*Moltes
gràcies*

Donation number

Please write in capital letters

Name _____
 Surname(s) _____
 Date of birth _____
 National ID No. _____
 Address _____
 Postcode _____
 Town _____
 Landline _____ Mobile _____
 email _____
 Sex Male Female

Basic conditions for donation

SÍ NO

Are you 18 years of age or over and weight at least 50 kilos? _____

Are you in good health? _____

If you are a woman, are you pregnant or have you been so in the past 6 months? _____

Country of birth

Of the donor _____

Of the mother _____

Date of last trip to your country of birth _____

Select an option

How would you like to be informed about our campaigns? Landline Mobile Ordinary mail email
 Preferred language Catalan Spanish

Please complete the questionnaire on the back before signing

BLOOD DONATION AND BIOBANK

I hereby give my consent to:

- Having blood taken from me for treating the sick.
- In the event of not being possible to use this for said purpose, the blood and/or its components being kept anonymously at the Biobank recognised by the Banc de Sang i Teixits (Blood and Tissue Bank), for these to be applied in authorised biomedical research work intended for the progress of knowledge on the prevention, diagnosis, prognosis and/or treatment of diseases, as well as for improving biomedical control systems.
- In exceptional circumstances, if they are not used for the above purposes, the blood and/or its components may be used for teaching work and/or for preparing diagnosis and therapy items, by the Banc de Sang i Teixits or other organisations or bodies.

I hereby declare that:

- I have received understandable complementary information about:
 - The nature of blood and its components, the mechanisms of donation and the benefits stemming from it.
 - The reasons justifying the need to be examined, the causes for exclusion and rejection of the blood obtained and the importance of consent.
 - The possibility of suspending or excluding the donation at any time, and of revoking consent to keep the product or apply this to research work, where applicable.
 - The commitment that the traceability of the donation will be guaranteed and that I will be given any information obtained from the analyses that might be important for my health.
 - The importance of my informing of any illness after the donation which might affect the use of the blood.
- I have understood the information and any questions that I might have asked have been satisfactorily answered.
- Everything I have declared in the questionnaire filled in by me is true and correct.
- I am aware that giving blood is a voluntary and altruistic act and that I will consequently not be given any compensation, either economic or of any other kind, nor in the event of the research authorised with the product of the donation possibly generating any profit.

PROCESSING OF PERSONAL DATA

I hereby give my consent to:

- The BST being able to use my personal data to give me any information that it considers of interest on blood donation.
- The BST giving my data to companies engaged in promoting donation, always in compliance with legal requirements.

I declare that:

- I have been duly informed, in compliance with legislation, that my personal data will be included, as required, in the Database of Catalonia Register of Blood Donors, managed by the Banc de Sang i Teixits, which is owned by the Directorate General for Health Planning and Regulation of the Health Department, for the necessary purposes of properly governing the donation process and application of haemoderivatives.
- I have been guaranteed that the data will be confidentially safeguarded, subject to high level security measures, with no prejudice to any legally established exceptions.
- I accept that, should I wish to do so, I may get in touch with the body in charge of the database (Banc de Sang i Teixits, Pg. Taulat, 116. 08005 Barcelona. Tel. 93 557 35 00) in order to make use of my rights of access, rectification, cancellation and opposition, as laid down in applicable regulations.

Donor's name and surname(s) _____
 Signed _____

To be completed by the interviewer

Donor number _____
 Date of blood draw _____
 Collection code _____ Donation type _____
 Weight Hb BP _____
 Pulse _____ Bag type _____
 CIP (CatSalut code card) _____
 Nurse in charge _____
 Observations _____

I consider the donor is:

- NOT SUITABLE** for donation (the donor has understood the reasons)
 SUITABLE with **UNIVERSAL** blood test
 SUITABLE with **UNIVERSAL** blood test + **CHAGAS** test

Name and surname(s) of the interviewer _____
 Signed _____

Understanding of the informative brochure on blood donation	YES	NO	In the past 6 months	YES	NO
Has the Blood Bank issued you with understandable written information on blood donation? _____	<input type="checkbox"/>	<input type="checkbox"/>	Have you travelled outside Spain? _____ Where? _____	<input type="checkbox"/>	<input type="checkbox"/>
<i>(if you require clarification, please ask the attending professionals any question that you feel is relevant)</i>					
Proceed with caution in the next 12 hours			At any time in your life		
Do you have to perform any dangerous work or sports activity (deep sea diving, climbing, etc.) or drive a public transport vehicle? _____	<input type="checkbox"/>	<input type="checkbox"/>	Have you lived outside Spain? _____ Where? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you on a waiting list?			Have you ever travelled to America? _____ Which part? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on a waiting list for a medical appointment or examination? _____	<input type="checkbox"/>	<input type="checkbox"/>	Have you spent over a year –counting all stays– in the United Kingdom (England, Wales, Scotland, Northern Ireland, Channel Islands, Isle of Man) in the period from 1980 to 1996? _____	<input type="checkbox"/>	<input type="checkbox"/>
Medication			Have you been refused as a donor? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking or have you taken any pharmaceutical drug in the last few days?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had a serious disease that required periodic medical supervision? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever taken Avidart®, Duagen®, Proscar®, Propecia®, Finasterida®, Eucoprost® or Ativol® (Finasteride) for a prostate/alopecia (hair loss) related problem?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had hepatitis, jaundice or liver problems? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever taken Neotigason®, Roacutan®, Tigason® or Isotrex® for skin problems? _____	<input type="checkbox"/>	<input type="checkbox"/>	Have you suffered from any serious infectious disease such as malaria, Chagas disease, leishmaniasis, infectious mononucleosis, tuberculosis, syphilis or gonorrhoea? _____	<input type="checkbox"/>	<input type="checkbox"/>
In the past 2 weeks			Have you had any serious disease affecting the lungs, brain, kidneys, thyroid, digestive system or any other area? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you suffered from fever with a headache and generally felt unwell? _____	<input type="checkbox"/>	<input type="checkbox"/>	Have you had heart or blood pressure problems? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you been to the dentist? _____	<input type="checkbox"/>	<input type="checkbox"/>	Have you suffered from repeated epileptic seizures, convulsions, fainting or passing out? _____	<input type="checkbox"/>	<input type="checkbox"/>
In the past month			Do you suffer from insulin-dependent diabetes? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you been vaccinated for anything? _____	<input type="checkbox"/>	<input type="checkbox"/>	Have you had cancer of any kind? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in contact with anyone with a contagious infectious disease? _____	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any serious allergy-related disease or reaction? _____	<input type="checkbox"/>	<input type="checkbox"/>
In the past 4 months			Have you had any haemorrhagic problem or any blood disease such as anaemia or an elevated red blood cell count? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you visited a doctor or have you been admitted to hospital? _____	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever received a blood or a clotting factor transfusion? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an endoscopy: colonoscopy, gastroscopy, rectoscopy or similar procedure? _____	<input type="checkbox"/>	<input type="checkbox"/>	Were you treated with human growth hormone (prior to 1987)? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you been treated with acupuncture performed with non-disposable material? _____	<input type="checkbox"/>	<input type="checkbox"/>	Have you received any organ or tissue transplant (dura mater, cornea, other, etc.)? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a tattoo and/or piercing? _____	<input type="checkbox"/>	<input type="checkbox"/>	Have you or any of your family suffered from spongiform encephalopathy (Creutzfeldt-Jakob disease)? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you come into contact with another person's blood as a result of an accidental jab or spattering? _____	<input type="checkbox"/>	<input type="checkbox"/>	Have you had or are you infected with the human T-lymphotropic virus (HTLV-I/II)? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you been living or had close contact with anyone with hepatitis, jaundice or who is a hepatitis virus carrier? _____	<input type="checkbox"/>	<input type="checkbox"/>			
Have you had a surgical operation? _____	<input type="checkbox"/>	<input type="checkbox"/>			