

## M E M O R A N D U M

From: M. Thornton

To: Dr. McClelland

Date: 18th January, 1985.

Dear Brian,

Donor Health Questionnaires

I have consulted the office staff who will be dealing with this form and also with Jean MacDonald, and we are in agreement that the new wording on the forms is workable and we do not foresee any problems our end.

In terms of retaining the information, I propose the following.

If donor indicates that his or her blood is not for transfusion, lab sheet should be marked "Research" or "Not for Transfusion". We need to agree appropriate phrase and carry it through system.

Office to retain form and act as follows.

New Donor - Make out record card and mark donation "~~Not for transfusion~~ see confidential file" or "Research only". Copy of form to Mrs. Thornton.

Known Donor - Mark record card as above.

Donors will not be recalled but records kept with panel.

In new computer system, donor record will be flagged "N.T." for not for transfusion, or "R." for research only. This will be in the temporary file so will be reviewed within three sessions. Information will be available at next session.

It is now imperative that a meeting is convened to discuss with laboratory staff how they will receive these packs. I think you should convene the meeting as early as possible to allow us to meet printing deadlines next week but if you like in the meantime, I can send copies of the forms to Derek Ogg - or you may wish to do so.

Please note we have agreed that the  tick box is preferable to the  YES  NO in this instance as it is less likely to lead to staff confusion and consequent donor embarrassment. Also, we believe it necessary to have form numbered. We have however, done away with the "tear off" on the new donor questionnaire and the whole form will be retained as the blue one.

*M. Thornton*

**EDINBURGH AND SOUTH-EAST SCOTLAND BLOOD TRANSFUSION SERVICE**

NO. **A 03277**

**HEALTH CHECK FOR NEW BLOOD DONORS**—Before we can accept you as a blood donor we must make sure giving blood will do you no harm. We must also ensure the donation does not contain anything harmful to the patient receiving it, e.g. medicines or viruses.

**PLEASE READ THESE QUESTIONS AND TICK THE ANSWER THAT APPLIES TO YOU**

**A. GENERAL QUESTIONS**

- Have you ever been rejected as a blood donor? . . . . . YES  NO
- Are you under 18 or over 65 years of age? . . . . . YES  NO
- Are you under 8 stone in weight? . . . . . YES  NO
- Ladies, are you pregnant or do you have a child under 1 year? . . . . . YES  NO

**B. SCREEN FOR GENERAL HEALTH**

- Have you been unwell recently? . . . . . YES  NO
- Have you visited your Doctor/Hospital/Clinic recently? . . . . . YES  NO
- Have you ever had a serious illness or operation? . . . . . YES  NO
- Do you suffer from chest pains? . . . . . YES  NO
- Do you have a persistent cough? . . . . . YES  NO
- Are you breathless on slight exertion? . . . . . YES  NO
- Do you have kidney trouble? . . . . . YES  NO
- Do you have diabetes? . . . . . YES  NO
- Do you have asthma or any allergies? . . . . . YES  NO
- Do you have fits or fainting spells? . . . . . YES  NO
- Do you take medicines or tablets (apart from the contraceptive pill)? . . . . . YES  NO
- Have you lost weight recently (not dieting)? . . . . . YES  NO
- Have you had recurrent infections, night sweats or persistently swollen glands recently? . . . . . YES  NO

**C. SCREEN FOR INFECTION**

- Have you had a tooth extraction in the last 3 days? . . . . . YES  NO
- Have you been in contact with any infectious diseases in the last 3 weeks? . . . . . YES  NO
- Have you received any vaccinations or injections in the last 3 months? . . . . . YES  NO
- Have you had malaria? . . . . . YES  NO
- Have you been abroad in a malaria area in the past 3 months? . . . . . YES  NO
- Have you had jaundice or hepatitis in the past 12 months? . . . . . YES  NO

**D. SCREEN FOR HEPATITIS CONTACT — In the past SIX MONTHS have you:—**

- Been exposed to, or lived in the same house as a hepatitis patient? . . . . . YES  NO
- Had your ears pierced/been tattooed/received acupuncture? . . . . . YES  NO

**E. SAFETY FOR YOU AND OTHERS**

- Do you drive a public service vehicle or a heavy goods vehicle? . . . . . YES  NO
- Are you involved in any way in the transport of heavy goods? . . . . . YES  NO

**E. SAFETY FOR YOU AND OTHERS**

Do you drive a public service vehicle or a heavy goods vehicle? . . . . . YES  NO   
 Are you involved in unusual hazards of heights or depths? . . . . . YES  NO

Please Tick

I have read the S.N.B.T.S. leaflet "Important Message to Blood Donors" and consider that I am not in one of the AIDS risk groups.

If you think there is any reason why your blood should NOT be used for transfusion, please tick. (If you tick the box, we will take a full donation which may be used for research purposes and you will not be questioned further.)

Signature ..... Date .....

**NAME IN FULL:** \_\_\_\_\_  
 (Block Capitals) (Please state Mr. Mrs. or Miss)

**LOCAL ADDRESS:** \_\_\_\_\_

**HOME ADDRESS (if different)** \_\_\_\_\_

Home Tel. No.: \_\_\_\_\_ Bus. Tel. No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If you have given blood before please state **WHERE** \_\_\_\_\_ **WHEN** \_\_\_\_\_

## EDINBURGH & SOUTH-EAST SCOTLAND BLOOD TRANSFUSION SERVICE

### HEALTH CHECK FOR REGULAR DONORS

Before we can accept you as a blood donor we must make sure giving blood will do you no harm.

We must also make sure your blood does not contain anything harmful to the patient receiving your blood e.g. medicines or viruses.

PLEASE therefore READ these questions. It should save you TIME when you are interviewed and have your haemoglobin level checked.

#### SINCE YOU LAST GAVE BLOOD:

##### GENERAL HEALTH SCREEN

Have you been keeping well?

Have you visited your Doctor/Hospital/Clinic?

Are you taking any medicines or tablets?

Ladies, are you pregnant or do you have a child under 1 year?

Have you had chest pains or breathlessness?

Have you a cough or upset stomach?

Do you have high blood pressure?

Have you lost weight recently (not dieting)?

Have you had recurrent infections, night sweats or persistently swollen glands?

##### SCREEN FOR INFECTIONS

Have you had any infections in the last 3 months?

Have you had a tooth extraction in the last 3 days?

Have you received any vaccinations or injections in the last 3 months?

Have you been abroad in a malaria area in the past 3 months?

Have you had jaundice or hepatitis in the past 12 months?

##### SCREEN FOR HEPATITIS CONTACT — in the last SIX MONTHS—

Have you been exposed to or lived in the same house as a patient with hepatitis?

Have you had your ears pierced/been tattooed/received acupuncture?

Have you received a blood transfusion?

##### OCCUPATION

Do you drive a public service vehicle or a heavy goods vehicle?

Are you involved in hazards of heights or depths?

If yes, will you  
be working in the  
next 12 hours?

Please Tick

I have read the S.N.B.T.S. leaflet "Important Message to Blood Donors" and consider that I am not in one of the AIDS risk groups.

If you think there is any reason why your blood should NOT be used for transfusion, please tick. (If you tick the box, we will take full donation which may be used for research purposes and you will not be questioned further.)

Signed.....

Date.....

## M E M O R A N D U M

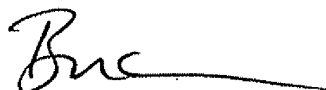
From: D B L McClelland  
To: ~~Dr F Boulton~~ *ZWilson*  
cc Mrs M Thornton  
Ref: DBLMcC/JD 30/7  
Date: 24th January 1985

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~~Dear Frank,~~ → *ROBERT*

We are intending to make a further minor change to the Donor Health Check questionnaire which may necessitate some minor changes in laboratory handling of some packs. Specifically, the intention is to include a box on the form which donors are asked to tick if they consider that there is any reason why their donation should not be used for transfusion purposes.

There is an urgent need to get the new forms printed up and I want to make sure that all the laboratory angles have been considered before we do so. I would therefore be very grateful indeed if you and the relevant lab section heads could briefly attend the Donor Management Section Meeting on Wednesday February 6th at 10.00am in the Phase I Donor Waiting Area. I don't think that a long discussion will be required.



BMcC