BLOOD DONOR REGISTRATION FORM
BLOOD TRANSFUSION SERVICE
MINISTRY OF HEALTH MALAYSIA

(Collection Centre)

Name : _____

New IC No. : ☐☐☐☐☐☐ - ☐☐ - ☐☐☐☐

Police/Army IC No. : ☐☐☐☐☐☐☐☐☐

Date of Birth : d d / m m / y y y y

Age : ☐☐ Years Old

Gender : ☐ Male ☐ Female

For Non-Citizen Only

Passport No : _____

Country : _____

Ethnicity : ☐ Malay ☐ Chinese ☐ Indian ☐ Others (specify) _____
☐ Iban ☐ Kadazan ☐ Melanau
☐ Murut ☐ Bidayuh ☐ Bajau

Marital Status : ☐ Single ☐ Married ☐ Widowed/Divorced

Occupation : _____ E-mail : _____

Home Tel. No. : _____ H/P No. : _____

Office Tel No. : _____ Fax : _____

Current Home Address : _____

_____

State : _____ Postcode : _____

Postal Address : _____

_____

State : _____ Postcode : _____

ATTENTION : IS YOUR BLOOD SAFE TO BE DONATED?

Thank you for volunteering to donate your blood. The blood that you donate could help save lives.

We always strive to ensure that the blood given to patients is safe. For that, all donated blood is tested for evidence of infections by Hepatitis B and C, HIV and Syphilis. However, occasionally these tests are unable to detect blood that has only recently being infected. As a result, the infected blood may unknowingly end up being given to patients.

Therefore, in order to help us ensure that the blood donated is safe for transfusion, you are requested to carefully read the statement below before donating your blood.

You are **ASKED NOT TO DONATE BLOOD** if you:

- know or suspect you may have **HIV**, suffering from/carrier of **Hepatitis B or Hepatitis C,** or being infected with **Syphilis** or other **Sexually Transmitted Disease (STD)**
- lead or had led a life style involving **CHANGING MULTIPLE SEXUAL PARTNERS**
- are a man who have had sex with another man **(HOMOSEXUAL/BISEXUAL)**
- have ever made payment or received payment for having sex
- have had sex with commercial sex worker (prostitute)
- have had taken illegal drugs intravenously
- have ever had sex with anyone from any of the above group

You are also asked **NOT TO** donate just to test your blood. Blood test can be performed at any nearby Health Clinic. If you have any questions, do not hesitate to ask our Medical Officer on duty for help.

"SAFE BLOOD BEGINS WITH ME"

BLOOD DONOR ELIGIBILITY QUESTIONNAIRES

"Any blood donor who is found to make false declaration pertaining to his or her high risk lifestyle behaviours will be prosecuted in Court under the existing laws"

Before you proceed with the questionnaires, please read and understand the statement on the front page. Answer the following questions by ticking √ in the appropriate boxes.

		Yes	No
1.	Are you feeling healthy and well today?	☐	☐
2.	Are you donating today to test your blood for HIV, Hepatitis and/or Syphilis?	☐	☐
3.	Have you donated blood before?	☐	☐
	If yes, have you had any problem during or after the donation?	☐	☐
	If yes, please specify _____		
4.	In the past one week, have you:		
	a) Taken any medication?	☐	☐
	If yes, please specify _____		
	b) Suffered from fever, cold and/or cough?	☐	☐
	c) Suffered from headache or migraine?	☐	☐
	d) Seek treatment from a doctor for any health problem?	☐	☐
	If yes, please specify _____		

5. Are you suffering from / have ever suffered from / undergoing treatment for / had been treated for any of the following health problems?

	Yes	No		Yes	No
• Jaundice	☐	☐	• Tuberculosis	☐	☐
• Hepatitis B or Hepatitis C	☐	☐	• Diabetes	☐	☐
• HIV	☐	☐	• Hypertension	☐	☐
• STDs / Syphilis	☐	☐	• Heart Disease	☐	☐
• Malaria	☐	☐	• Mental Illness	☐	☐
• Renal Disease / Renal Failure	☐	☐	• Epilepsy	☐	☐
• Asthma	☐	☐	• Others*	☐	☐

*If yes, please specify _____

6.	Has anybody in your family been diagnosed with or currently being treated for Hepatitis B or Hepatitis C?	☐	☐
	If yes, please state your relationship with him/her _____		
7.	In the last 6 months, have you :		
	a) Underwent any surgical procedure or operation?	☐	☐
	b) Received any blood transfusion?	☐	☐
	c) Had any accidental needle stick injury?	☐	☐
8.	Have you received any immunisation injection or any type of injection for beauty (e.g. botox, collagen) within the past 4 weeks?	☐	☐
	If yes, please specify type and/or purpose _____		
9.	Have you had any dental treatment in the past 24 hours?	☐	☐
10.	Have you had any body piercing, tattooing, blood-letting / cupping (*berbekam*) or acupuncture done within the past 6 months?	☐	☐
11.	In the past 24 hours, have you taken any alcoholic drink until you were drunk or intoxicated?	☐	☐
12.	Have you ever received:		
	a) Injection with human growth hormone?	☐	☐
	b) Cornea transplant?	☐	☐
	c) Brain membrane (duramater) transplant?	☐	☐
	d) Bone marrow or stem cell transplant?	☐	☐

13. Risk of infection with variant Creutzfeldt-Jakob Disease (vCJD)

		Yes	No
a)	Have you ever visited or lived in the United Kingdom (England, Northern Ireland, Ireland, Wales, Scotland, the Isle of Man, the Channel Island) or the Republic of Ireland for a cumulative period of 6 months or more between 1st January 1980 and 31st December 1996?	☐	☐
b)	Have you ever received a transfusion or injection of blood or blood product while in the United Kingdom between 1st January 1980 until now?	☐	☐
c)	Have you ever visited or lived in the following European countries* for a cumulative period of 5 years or more between 1st January 1980 until now? (*Austria, Belgium, Denmark, Finland, France, Germany, Greece, Holland, Italy, Liechtenstein, Luxembourg, Norway, Portugal, Spain, Sweden and Switzerland)	☐	☐

14. **For patient safety, the following questions SHALL be answered HONESTLY, even if you were only involved in it once. You are required to answer the following questions in front of the assigned doctor or officer from MOH who interviews you.**

		Yes	No
a)	If you are a man, have you ever had sex with another man?	☐	☐
b)	Have you ever had sex with commercial sex worker /prostitute?	☐	☐
c)	Have you ever paid or received payment in exchange for sex?	☐	☐
d)	Have you ever had **more than one** sexual partner?	☐	☐
e)	Have you had any **new sexual partner(s)** within the past 12 months?	☐	☐
f)	Have you ever injected yourself with illegal drugs, including drugs for body building?	☐	☐
g)	Does your sexual partner belong to any of the above categories?	☐	☐
h)	Have you or your sexual partner ever been tested positive for HIV?	☐	☐
i)	Do you think you or your sexual partner may be tested positive for HIV?	☐	☐

I, name as stated on this form, hereby confirm that I understand ALL the above questions as EXPLAINED to me and I DECLARE that I have answered them TRUTHFULLY and SINCERELY.

_____ (Donor's Signature)

Date : _____

_____ (Interviewer's Name & Signature)

Date : _____

15. To be answered by female donors only

		Yes	No
a)	Are you having your menstrual period?	☐	☐
b)	Are you pregnant or may be pregnant?	☐	☐
c)	Do you have a child that is still breast-feeding?	☐	☐
d)	Have you given birth or had a miscarriage in the past 6 months?	☐	☐

DONOR DECLARATION AND CONSENT
(to be signed in front of the MOH's doctor or staff who interviews you)

I, name as stated on this form:-

- **Declare that the answers to ALL of the above questions are true.**
- **Realise that I shall not donate my blood if I belong to any of the groups of individuals at risk of contracting HIV/Hepatitis/Syphilis (refer to ATTENTION on page 1).**
- **Voluntarily give permission for my blood/blood component to be withdrawn and used in testing for HIV, Hepatitis B, Hepatitis C and Syphilis, and in what other manner deemed appropriate by the Blood Service Centre, Hospital and the Ministry of Health, Malaysia.**
- **Understand that all information given and the test results will be kept confidential.**

_____ (Donor's Signature)

Date : _____

_____ (Interviewer's Name & Signature)

Date : _____

TO BE FILLED IN BY MOH'S STAFF ON DUTY

Donation Identification Number (Barcode): _____

Type of Donor : ☐ New Donor
☐ Regular/Repeat Donor
☐ Lapsed Donor
☐ Autologous Donor

Last Donation Date : ☐☐ / ☐☐ / ☐☐☐☐

Total Donation : _____

Donor Eligibility Status (e.g. SUKUSA, BBIS) : ☐ Eligible ☐ Not Eligible

Registration Date : ☐☐ / ☐☐ / ☐☐☐☐

Registered By : _____
(Staff's Name & Signature)

Observation / Tests	Results	Staff's Name & Signature
Body Weight (kg)		
Blood Group		
Hb Level (g/dL) (*please state where appropriate)	☐ ≥ 12.5 g/dL ☐ < 12.5 g/dL *Hb value : _____ g/dL	
Pre-donation Platelet Count (apheresis platelet donation)	_____ x 10^9 /L	
Blood Pressure (mmHg)		

The individual named on this form has been interviewed, examined and tested, and is found to be:
(please mark √)

☐ **ELIGIBLE TO DONATE**

☐ Whole Blood ☐ Apheresis
☐ Triple Bag ☐ Plasma
☐ Double Bag ☐ Platelet
☐ Single Bag ☐ Others (specify) _____
☐ Filter Bag

Volume : ☐☐☐ ml

☐ **NOT ELIGIBLE TO DONATE**

Reason : _____

Deferral Status :
☐ Permanent
☐ Temporary
Duration : _____

Staff's Name & Initial : _____

Blood Donation Process		Staff's Name & Signature
Venepuncture Performs By :		
Anaesthetic Given? :	☐ Yes ☐ No	
Time Donation Start :	Time Start : ☐☐☐☐	
Sample Taken? :	☐ Yes ☐ No	
Time Donation End :	Time End : ☐☐☐☐	
Remaining Barcodes : (Donation Identification)	Total : _____ *Paste Remaining Barcodes Here*	
Notes / Comment (if any) :		