

## オーストラリア視察概要

**[目的]** 献血時の虚偽申告に対する罰則の設定の背景や献血に及ぼす影響等を調査

**[調査期間]** 平成26年3月25日-3月28日

**[訪問対象施設]** オーストラリア保健省  
オーストラリア赤十字本部  
製剤センター、献血ルーム

- [調査項目]** 1. 献血における HIV スクリーニング方法  
2. 献血における HIV 陽性者数とその特徴  
3. 検査目的の献血への対策  
4. 献血センターの見学  
5. 献血に対する刑事罰の効果

### **[結果]**

#### 1. 献血における HIV スクリーニング方法

適切なトレーニングを受け、技能を備え、献血者評価のための必要事項を理解していると認定された問診者による問診、HIV 抗体検査および、個別 NAT によりスクリーニングを実施。問診には、12 ヶ月以内に HIV 感染可能性のあるパートナーとの性交歴や sex worker の職務経験歴があるか等の内容を含む。問診票には真実の申告としての宣誓署名欄がある。

参考：オーストラリア問診票B13、日赤問診票19,20(いずれも資料4-3別添1)

#### 2. 献血における HIV 陽性者数とその特徴

オーストラリアの献血者における 2012 年の HIV 陽性率は 10 万件あたり 0.23 と日本の陽性率 1.29 よりも低値。献血者の HIV が陽性であるリスク因子は、パートナーが違法薬物の静脈注射をしている、パートナーが MSM であるなど、パートナーに HIV 感染のリスクがあること、パートナーが HIV 陽性者であること、本人が MSM であることなどが挙げられる。

また、オーストラリアでは、国民全体の年間 HIV 陽性発生率に比べ献血者の陽性率は低い。

#### 3. 検査目的の献血への対策

MSM 集団等への教育・啓発活動、集会等での検査サービス、迅速検査の活用などが行われている。HIV 検査は公表されている特定のクリニックで無料、匿名で可能であり検査を受けやすい環境である。マグネット効果（献血時に HIV 検査が受けられると、HIV 検査目的の者が献血に集まる効果）は問題に

ならないと考えられている。

#### 4. 献血センターの見学

オーストラリアの献血センターは問診時、問診内容が他者に聞こえないようにプライバシーに配慮した構造になっている。献血は予約制度が一般的で、インターネット上の予約が可能であるとともに、献血時に次回の予約を行っている場合が多い。

#### 5. 献血に対する刑事罰の効果

オーストラリアでは、従来から公文書等の虚偽申告に対する刑事罰が規定されており、これを献血時の問診に関する虚偽申告にも適用し、州により、1,000, 5,000, 10,000 ドルの罰金や数年の禁固刑等の刑事罰が科せられている。HIV の感染の可能性のあるものが、虚偽により献血を行うことに対して、罰則はある程度の抑制効果にはなるものの、虚偽申告を防止するための中心的対処法とは考えられていない。1985 年の刑事罰導入以来、実際の適用事例はない。献血者を対象にした虚偽申告調査研究では、12 ヶ月以内の性交歴に関する MSM 虚偽申告率が他国に比べ低いと推測される結果が報告されており、その理由として、ハイリスクコミュニティに対する検査や啓発などの介入や、献血時の問診の効果が挙げられている。

**[結論]** オーストラリアでは、検査目的の献血は HIV 検査へのアクセスのしやすさや啓発活動などから問題とされておらず、国民全体の HIV 陽性率に比べ、献血者の陽性率は低い状況。献血に対する刑事罰は、ある程度の抑制効果にはなるものの、虚偽申告を防止するための中心的対処法とは考えられていない。

# Donor questionnaire

Thank you for coming to give blood today.

Your donation could save the life of someone or help them through an operation (surgical procedure). The Australian Red Cross Blood Service is committed to providing safe blood and blood products to those who need them.

## The Donation Process

We are going to ask you to answer some questions about your general health to help us to decide if it is safe for you to give blood and, if so, how we can best use your blood. All of these questions are important though the reasons for some of the questions may be difficult to understand. Please discuss them with the member of staff who will be interviewing you. We are committed to keeping your answers and anything you tell us in the interview **CONFIDENTIAL** in so far as we are able.

Even though there are a lot of questions, you need to answer them honestly and to the best of your ability. Answering these questions honestly is important to ensure the safety of blood products. There are severe penalties, including fines and/or imprisonment, for false or misleading information.

Blood is tested primarily to ensure recipient safety. **Donors should never rely on this testing for their own personal health screening purposes.**

Prior to release, all donations must be tested for the presence of hepatitis B, hepatitis C, HIV (AIDS virus), HTLV and syphilis. Should your blood test positive or show a significantly abnormal result, you will be notified. However, on some occasions laboratory testing cannot be performed and your donation will not be used.

You have the option to change your mind about donating blood at any time. Please indicate to staff if you wish to leave at any time during the donation process.

Complete using ink – not pencil. If you make a mistake, cross it out and initial the correction. Do not use liquid paper as this will invalidate the form and you will need to complete a new form.

## Privacy statement

The personal information collected on this form allows the Blood Service to register and retain you as a blood donor. All information collected will be handled in the strictest confidence in accordance with the Privacy Act 1988 (Cth).

For more information, please ask for a Privacy brochure.

## On the Day

- Eat up. Make sure that you eat something in the 3 hours before donating.
- Be prepared by having plenty of liquid the day before donation, especially in warm weather. In addition, in the 3 hours before donating, please drink at least 3 good-sized glasses of water/juice.
- Provide identification: Have your photo ID or donor ID card handy.

You should fill in the declaration section **but please don't sign until you have completed the interview!**

## For your records

A staff member will enter your details below:

Donor Number:

Date:

Haemoglobin g/L:

The Blood Service acceptable ranges for haemoglobin are:

**Whole blood donors:**

Females 120 to 165 g/L and Males 130 to 185 g/L

**Plasma and platelet donors:**

Females 115 to 165 g/L and Males 125 to 185 g/L

Blood Pressure (mmHg/mmHg):

For more information

call **13 14 95** or visit [donateblood.com.au](http://donateblood.com.au)



# Information about the risks of donating blood

## Blood donation is extremely safe

However, problems occasionally arise during or after a donation. These problems are not common but we are telling you about them so that, if they do occur, you will know some simple and appropriate steps to take.

**Please note: All equipment used in blood collection is sterile, used once only and discarded.**

If you experience any problems or you feel unwell whilst you are at the donor centre sit down and ask a staff member for assistance. Are you feeling anxious? Please let us know. We can help you feel at ease.

### Feeling faint and fainting

Fainting is caused by a reflex which slows your pulse and lowers your blood pressure for a short time.

About 1.5% of blood donors may feel faint (dizzy, light headed, hot, sweaty or unwell) during or immediately after their donation. A much smaller number of donors (about 0.15%) faint (lose consciousness).

About 0.15% of donors will feel faint or faint after they have left the donor centre.

### Reducing the chance of fainting

- You should drink 3 good-sized glasses of water/juice prior to visiting the Blood Donor Centre. Be prepared by having plenty of liquid in the 24 hours before donation, especially in warm weather.
- Make sure that you eat something in the 3 hours before donating – savoury and salty foods are best.
- If you usually have low blood pressure and feel faint when you stand up suddenly, please tell us prior to donating.
- Tense and relax your calf and thigh muscles repeatedly and move your legs and feet during your donation.
- Spend at least 15 to 20 minutes in the refreshment area and have a cool drink after donating to allow your blood volume to adjust.

To reduce your chance of fainting after you have left the Blood Donor Centre, for the next 6 hours:

- Continue to drink plenty of cool fluids but avoid alcoholic and hot drinks.
- Avoid standing still for long periods, do not rush or do strenuous exercise or have a hot shower.

### What to do if you feel faint

If you feel faint or unwell whilst you are at the Blood Donor Centre please tell a staff member immediately.

If you feel faint after you have left the donor couch, immediately sit or lie down as flat as possible to avoid falling and injuring yourself and:

- Remain lying down for around 30 minutes or until you feel well again.
- Whilst lying down, tense your calf and thigh muscles for 5 seconds, then relax, and repeat this every 1 - 2 minutes.
- Sit up for at least 4-5 minutes before you stand up.
- Drink plenty of cool fluids (at least 2 good sized glasses) and have a savoury snack before you leave.
- Do not drive for at least 6 hours after you have recovered because there is a small risk that you may faint again whilst you are driving

If you feel faint whilst you are driving, slow down and stop the car as soon as it is safe to do so. Remain in the car, and lay your seat as flat as possible. It is recommended that you do not get out of your car as fainting beside a road can be hazardous. Do not attempt to drive again. Call 000 for an ambulance.

### Bruising and bleeding

Small bruises at the needle site are not unusual, but generally cause very few problems and disappear fully within a week. Larger bruises or bleeding from the needle site occur infrequently.

To reduce the risk of bruising and bleeding at the needle site

- Avoid using your donation arm to eat and drink while at the Blood Donor Centre and be careful when putting on a jacket after donating.

- Avoid lifting or carrying anything with your donation arm for 30 minutes and minimise heavy lifting for 24 hours.
- Keep the bandage on your arm for 2 hours.

If you develop a bruise that causes discomfort, an icepack and/or a mild pain reliever such as paracetamol (not aspirin or other anti-inflammatory medication e.g. ibuprofen), may help. Do not put ice or ice packs directly onto your skin – always wrap the ice/ice pack and only use it for up to 20 minutes at a time, 3-4 times a day.

If you start bleeding from the needle site, you should apply pressure to the bleeding site and lift your arm above your shoulder for 15 minutes while keeping your elbow straight.

Please phone the Blood Service on 13 14 95 if bleeding or bruising occurs so we can help.

### Uncommon events

- Nerve irritation – sometimes the donation needle may irritate a nerve under the skin. This may cause pain which is normally only momentary. If any pain persists following the insertion of the needle please advise staff immediately. Pressure on a nerve may also cause temporary numbness of the forearm.
- Needle inserted into an artery – once identified the needle will be removed and pressure applied.
- Infection or thrombosis – if you develop redness, tenderness or swelling this may be due to infection and/or a blockage of the vein with a blood clot (thrombosis).
- Increase in pulse rate or a sensation of tightness or pain in the chest.

If you have any of these symptoms or concerns whilst in the Blood Donor Centre please let the staff know immediately so they can assist. If symptoms develop after leaving the Blood Donor Centre, and you require urgent attention, first seek attention from a hospital or doctor so the problem can be assessed. If you are unsure whether you should seek medical attention, please call us for advice and if you do see a doctor we would like to hear the outcome - please call us on 13 14 95.

### Iron levels and blood donation

Red blood cells are rich in iron and therefore blood donation results in iron loss. If your iron stores fall too low, you may become iron deficient. This may lead to:

- Tiredness and/or difficulty concentrating.
- Low haemoglobin levels (anaemia).

Before donating, all donors undergo a haemoglobin screening test. This is to ensure we do not take blood from donors who have or may be at risk of anaemia. If your haemoglobin is below our guidelines we will delay your donation and may refer you to your general practitioner.

The haemoglobin screening test is not a direct measure of iron levels and therefore does not detect all cases of iron deficiency. To help replace the iron loss associated with donation, and prevent iron deficiency and anaemia, we recommend you have a healthy dietary intake of iron rich foods. This may not be sufficient for all donors, especially youth donors and women of childbearing age. If you have concerns about your iron levels or would like further information, please discuss with a member of staff and/or your general practitioner. More information can be obtained in our brochure "Why iron and haemoglobin are important".



# New and returned donors

## Please complete this section only if:

- you are a new donor, or
- you have not donated within the last 2 years.

Otherwise, proceed to section B.

Please respond by placing a cross or a tick in the relevant box. Do not circle.

### Have you:

### Comments (staff use only)

- |   |                              |                             |    |
|---|------------------------------|-----------------------------|----|
| 1. Ever volunteered to donate blood before?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NP |
| If yes – where? .....When? .....  |                              |                             |    |
| 2. Ever been advised not to give blood?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NP |
| 3. Ever suffered from anaemia or any blood disorder?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | A4 |
| 4. Ever had a serious illness, operation or been admitted to hospital?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | A5 |
| 5. Had a neurosurgical procedure involving the head, brain or spinal cord between 1972 and 1989?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | A6 |
| 6. Ever received a transplant or graft (organ, bone marrow, cornea, dura mater, bone, etc.)?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | A7 |
| 7. Received injections of human growth hormone for short stature or human pituitary hormone for infertility prior to 1986?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | A8 |
| 8. Ever suffered from a head injury, stroke or epilepsy?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | A9 |
| 9. Ever had a heart or blood pressure problem, chest pain, rheumatic fever or a heart murmur?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B0 |
| 10. Ever had a bowel disease, stomach or duodenal problems or ulcers?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B1 |
| 11. Ever had kidney, liver or lung problems including tuberculosis (TB)?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B2 |
| 12. Ever had diabetes, a thyroid disorder or an autoimmune disease e.g. rheumatoid arthritis or lupus?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B3 |
| 13. Ever had cancer of any kind including melanoma?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B4 |
| 14. Ever had malaria, Ross River fever, Q fever, leptospirosis or Chagas' disease?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B5 |
| 15. Ever had jaundice (yellow eyes/skin) or hepatitis?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B6 |
| 16. Been outside Australia in the last 3 years?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B7 |
| 17. What was your country of birth? .....   |                              |                             | M1 |
| 18. From 1 January 1980 through to 31 December 1996 inclusive, have you spent (visited or lived) a total time which adds up to 6 months or more in England, Scotland, Wales, Northern Ireland, the Channel Islands, the Isle of Man, or the Falkland Islands? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | M8 |
| 19. Have you ever had treatment with the medication TIGASON (Etretinate) or NEOTIGASON (Acitretin)?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B9 |



# Medical questionnaire

## All donors please complete this section

Please respond by placing a cross or a tick in the relevant box. Do not circle.

### Today:

Comments (staff use only)

- |  |                                    |                             |    |
|--|------------------------------------|-----------------------------|----|
| 1. Are you feeling healthy and well?   | Yes <input type="checkbox"/>       | No <input type="checkbox"/> | C0 |
| 2. Have you <b>ever</b> been pregnant (including miscarriage and termination of pregnancy)?<br>(Males please tick "I am male") | Yes <input type="checkbox"/>       | No <input type="checkbox"/> | C1 |
|  | I am male <input type="checkbox"/> |                             |    |
| 2a. If your answer is "Yes"— how many pregnancies?   | Number <input type="checkbox"/>    |                             | 74 |
| — have you been pregnant in the last 9 months?   | Yes <input type="checkbox"/>       | No <input type="checkbox"/> | 75 |

### For safety reasons:

- |   |                              |                             |    |
|---|------------------------------|-----------------------------|----|
| 3. In the next 3 days, do you intend to participate in any activity which would place you or others at risk of injury if you were to become unwell after donating, such as: Driving public transport, operating heavy machinery, underwater diving, piloting a plane or other activities? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | C2 |
|---|------------------------------|-----------------------------|----|

### In the last week, have you:

- |   |                              |                             |    |
|---|------------------------------|-----------------------------|----|
| 4. Had dental work, cleaning, fillings or extractions?                | Yes <input type="checkbox"/> | No <input type="checkbox"/> | C4 |
| 5. Taken any aspirin, pain killers or anti-inflammatory preparations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | C5 |
| 6. Had any cuts, abrasions, sores or rashes?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> | C6 |
| 7. Had a gastric upset, diarrhoea, abdominal pain or vomiting?        | Yes <input type="checkbox"/> | No <input type="checkbox"/> | C7 |

### Since your last donation, have you – or if you are a new donor, have you in the last 12 months:

- |   |                              |                             |    |
|---|------------------------------|-----------------------------|----|
| 8. Been unwell, or seen a doctor or any other health care practitioner, had an operation (surgical procedure) or any tests/investigation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | C9 |
| 9. Had chest pain/angina or an irregular heartbeat?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D0 |
| 10. Taken tablets for acne or a skin condition?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D1 |
| 11. Taken any other medication, including regular or clinical trial medication?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D2 |
| 12. Worked in an abattoir?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D3 |
| 13. Had a sexually transmitted infection e.g. gonorrhoea, syphilis or genital herpes?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D5 |
| 14. Had any immunisations/vaccinations including as part of a clinical trial?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D6 |
| 15. Had shingles or chickenpox?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D7 |
| 16. Do you know of anyone in your family who had or has:  |                              |                             |    |
| • Creutzfeldt-Jakob disease (CJD)?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D8 |
| • Gerstmann-Straussler-Scheinker syndrome (GSS)?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D8 |
| • Fatal familial insomnia (FFI)?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | D8 |

### Travel history and overseas residence:

- |   |                              |                             |    |
|---|------------------------------|-----------------------------|----|
| 17. Have you <b>ever</b> been outside Australia (including being born outside Australia)?                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | M5 |
| <b>If your answer to question 17 is 'No' (i.e. you have never been outside Australia)— go straight to Section C</b> |                              |                             |    |
| 18. Have you ever spent a continuous period of 6 months or more outside Australia?                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | G9 |
| 19. Have you ever received a transfusion or injection of blood or blood products outside Australia?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | M2 |
| 20. Since your last donation have you been outside Australia?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | M4 |

Never donated before

## All donors please complete this section

**There are some people who MUST NOT give blood as it may transmit infections to those who receive it. To determine if your blood or blood products will be safe to be given to people in need, we would like you to answer some questions. These questions are a vital part of our efforts to eliminate diseases from the blood supply. All of the questions are important to answer. Answer each question on the form as honestly as you can and to the best of your knowledge. THERE ARE PENALTIES INCLUDING FINES AND IMPRISONMENT FOR ANYONE PROVIDING FALSE OR MISLEADING INFORMATION.**

All donations of blood are tested for the presence of hepatitis B and C, HIV (the AIDS virus), HTLV and syphilis. If your blood test proves positive for any of these conditions, or for any reason the test shows a significantly abnormal result, you will be informed.

**Please respond by placing a cross or a tick in the relevant box. Do not circle.**

### To the best of your knowledge, have you EVER:

- |   |                              |                             | Comments (staff use only) |
|---|------------------------------|-----------------------------|---------------------------|
| 1. Thought you could be infected with HIV or have AIDS?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | E2                        |
| 2. "Used drugs" by injection or been injected, <b>even once</b> , with drugs not prescribed by a doctor or dentist? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | E3                        |
| 3. Had treatment with clotting factors such as Factor VIII or Factor IX?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | E4                        |
| 4. Had a test which showed you had hepatitis B, hepatitis C, HIV or HTLV?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | E5                        |

### In the last 12 months have you:

- |  |                                      |                             |    |
|--|--------------------------------------|-----------------------------|----|
| 5. Had an illness with swollen glands and a rash, with or without a fever?   | Yes <input type="checkbox"/>         | No <input type="checkbox"/> | E1 |
| 6. Engaged in sexual activity with someone you might think would answer "yes" to any of questions (1-5)?             | Yes <input type="checkbox"/>         | No <input type="checkbox"/> | E6 |
| 7. Had sexual activity with a new partner who currently lives or has previously lived overseas?                      | Yes <input type="checkbox"/>         | No <input type="checkbox"/> | E7 |
| 8. Had sex (with or without a condom) with a man who you think may have had oral or anal sex with another man?       | Yes <input type="checkbox"/>         | No <input type="checkbox"/> | F0 |
| 9. Had male to male sex (that is, oral or anal sex) with or without a condom?<br>(Females please tick "I am female") | Yes <input type="checkbox"/>         | No <input type="checkbox"/> | E9 |
|  | I am female <input type="checkbox"/> |                             |    |
| 10. Been a male or female sex worker (e.g. received payment for sex in money, gifts or drugs)?                       | Yes <input type="checkbox"/>         | No <input type="checkbox"/> | F1 |
| 11. Engaged in sexual activity with a male or female sex worker?   | Yes <input type="checkbox"/>         | No <input type="checkbox"/> | F2 |
| 12. Been imprisoned in a prison or been held in a lock-up or detention centre?                                       | Yes <input type="checkbox"/>         | No <input type="checkbox"/> | F6 |
| 13. Had a blood transfusion?   | Yes <input type="checkbox"/>         | No <input type="checkbox"/> | F7 |
| 14. Had (yellow) jaundice or hepatitis or been in contact with someone who has?                                      | Yes <input type="checkbox"/>         | No <input type="checkbox"/> | F8 |

### In the last 6 months have you:

- |  |                              |                             |    |
|--|------------------------------|-----------------------------|----|
| 15. Been injured with a used needle (needlestick)?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | F3 |
| 16. Had a blood/body fluid splash to eyes, mouth, nose or to broken skin?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | F4 |
| 17. Had a tattoo (including cosmetic tattooing), body and/or ear piercing, electrolysis or acupuncture (including dry-needling)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | F5 |





# Donor declaration continued

## This declaration is to be signed in the presence of a Blood Service staff member (Please read the following conditions)

Thank you for answering these questions. If you are uncertain about any of your answers, please discuss them with your interviewer.

We would like you to sign this declaration in the presence of your interviewer (a Blood Service staff member) to show that you have understood the information on this form and have answered the questions in the declaration to the best of your knowledge.

Your donation is a gift to the Blood Service to be used to treat patients. In some circumstances, your donation may be used by the Blood Service or other organisations for the purposes of research, teaching, quality assurance or the making of essential diagnostic reagents (including commercial reagents).

A part of your donation will also be stored in our Blood Sample Archive for possible future testing and research; samples that are no longer required will be destroyed. Approval from an appropriate Human Research Ethics Committee is required before any research is undertaken on your donation or any part of it.

You may be asked by the Blood Service to undergo further testing which you have the option to decline.

Should you become aware of any reason why your blood should not be used for transfusion after your donation, please call us on 13 14 95. In particular, if you develop a cough, cold, diarrhoea or other infection within a week after donating, please report it immediately.

### Acknowledgement of responsibilities and risks (Please initial and sign only in the presence of the interviewer)

I agree to have blood taken from me under the conditions above and:

- I have been provided with "Information about the risk of donating blood" on page 2 of this questionnaire. I have read and understood this information and have had the opportunity to ask questions. I accept the risks associated with donation and agree to follow the instructions of the Blood Service staff to minimise these risks.
- I declare that I have understood the information on this form and answered the questions in the declaration honestly and to the best of my knowledge. I understand that there are penalties, including fines and imprisonment, for providing false or misleading information.

Please initial

Please initial

### Donor (please print)

Surname/family name ..... Given name .....

Date of birth   /   /

Please ONLY sign in the presence of the interviewer

Signature ..... Date   /   /

### Staff witness (please print)

Donor identity verified Yes  No  Checked spelling of name Yes  NA  Supplementary questions answered Yes  NA

Surname/family name ..... Given name .....

Signature ..... Time ..... Date   /   /

Donation number .....

### Office use only: Record here any additional information if required for data entry, including malaria information.

**Malaria Resident – Status** Malaria resident permanent status I130 (identify previous malaria residency) Yes  No

**Malaria Travel – Testing** Previous malaria antibody testing performed? Yes  No

Most recent antibody test result: Non-reactive (A150)  Reactive – Resident (A154)

Probable parasitaemic (27PP)  Reactive – Visitor / History (A155)

Malarial antibody test result date (Start date of deferral)   /   /

Has the donor returned to a malarial area since last antibody test? Yes  No

Is it >120 days since return from travel? Yes  No

**Haemoglobin – Testing** Capillary Hb  g/L  Initials **Donor Height**  cm  Initials

**Blood pressure reading**  mmHg/mmHg  Initials **Donor Weight**  kg  Initials

Note: Initials are only required if performed outside Assessment.

How many good-sized glasses of water/juice has the donor had in the last 3 hours?  (As a guide, in the 3 hours before donating, at least 3 good-sized glasses of water/juice are recommended.)



# 問 診 票

資料 4-3  
(別添2)

以下の質問は、献血される方と輸血を受けられる方の安全を守るためにうかがうものです。

表現上、不快の念を抱かれる部分があるかもしれませんが、「責任ある献血」のために、何卒ご理解のほどよろしくお願いたします。

エイズ検査目的の献血は、血液を必要とする患者さんの安全のためにお断りします。(注意) 法令の規定により、記入された問診票及び献血申込書(診療録)の返却・廃棄はできません。

質 問 事 項		質 問 事 項		
1	今日の体調は良好ですか。	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>	14 海外から帰国(入国)して4週間以内ですか。	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>
2	3日以内に出血を伴う歯科治療(抜歯、歯石除去等)を受けましたか。	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>	15 1年以内に外国(ヨーロッパ・米国・カナダ以外)に滞在しましたか。 (国名 )	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>
3	3日以内に薬を飲んだり、注射を受けましたか。 ( )	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>		
4	次の育毛薬/前立腺肥大症治療薬を使用したことがありますか。 プロペシア・プロスカ等(1ヵ月以内)、アボダート・アボルブ等(6ヵ月以内)	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>	16 4年以内に外国(ヨーロッパ・米国・カナダ以外)に1年以上滞在しましたか。 (国名 )	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>
5	次の薬を使用したことがありますか。 乾せん治療薬(チガソン)、ヒト由来プラセンタ注射薬(ラエンネック・メルスモン)	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>	17 英国に1980年(昭和55年)~1996年(平成8年)の間に 通算1ヵ月以上滞在しましたか。	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>
6	24時間以内にインフルエンザの予防接種を受けましたか。	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>	18 ヨーロッパ(英国も含む)・サウジアラビアに1980年以降、 通算6ヵ月以上滞在しましたか。 (国名 )	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>
7	1年以内にインフルエンザ以外 <sup>以外</sup> の予防接種を受けましたか。 ( )	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>		
8	次の病気や症状がありましたか。 3週間以内-はしか、風疹、おたふくかぜ、帯状ほうしん、水ぼうそう 1ヵ月以内-発熱を伴う下痢 6ヵ月以内-伝染性単核球症、リンゴ病(伝染性紅斑)	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>	19 エイズ感染が不安で、エイズ検査を受けるための献血ですか。	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>
			20 6ヵ月以内に次のいずれかに該当することがありましたか。 ①不特定の異性または新たな異性との性的接触があった。 ②男性どうしの性的接触があった。 ③麻薬、覚せい剤を使用した。 ④エイズ検査(HIV検査)の結果が陽性だった(6ヵ月以前も含む)。 ⑤上記①~④に該当する人と性的接触をもった。	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>
9	1ヵ月以内に肝炎やリンゴ病(伝染性紅斑)になった人が家族や 職場・学校等にいますか。	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>	21 今までに輸血(自己血を除く)や臓器の移植を受けたことがありますか。	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>
10	6ヵ月以内に次のいずれかに該当することがありましたか。 ①ピアス、またはいれずみ(刺青)をした。 ②使用後の注射針を誤って自分に刺した。 ③肝炎ウイルスの持続感染者(キャリア)と性的接触等親密な接触があった。	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>	22 今までに次のいずれかに該当することがありますか。 ①クロイツフェルト・ヤコブ病(CJD)または類縁疾患と診断された。 ②血縁者にCJDまたは類縁疾患と診断された人がいる。 ③ヒト由来成長ホルモンの注射を受けた。 ④角膜移植を受けた。 ⑤硬膜移植を伴う脳神経外科手術を受けた。	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>
12	今までに次の病気にかかったか、あるいは現在治療中ですか。 B型肝炎、がん(悪性腫瘍)、血液疾患、心臓病、脳卒中、てんかん	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>	23 現在妊娠中または授乳中ですか。(男性の方は「いいえ」と回答してください) 6ヵ月以内に産出、流産をしましたか。	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>
13	今までに次の病気にかかったことがありますか。 C型肝炎、梅毒、マラリア、バベシア症、シャーガス病、 リーシュマニア症、アフリカトリパノソーマ症	はい <input type="checkbox"/> · いいえ <input type="checkbox"/>		

私は以上の質問を理解し、正しく答えました。

- (注意) 1. 献血される方は、「はい・いいえ」欄の該当する方に  または  印をご記入願います。  
2. それ以外の欄には、問診を行う者が、必要事項を記入いたします。

「献血の同意説明書」の内容について理解し、献血に同意しますか。

はい  · いいえ

署 名