Bloodbank@HSA
Blood Services Group
Health Sciences Authority
11 Outram Road Singapore 169078

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.

Anonymous HIV testing is also available in Singapore
(please see link http://www.hpb.gov.sg/HOPPortal/dandc-article/2144)

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
- a 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.

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 West Nile Virus (WNV), dengue virus, chikungunya virus, and variant CreutzfeId-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.

**"sexual activity" means:-*

(a) sexual activity occasioned by the introduction into the vagina, anus or mouth of any person of any part of the penis of another person; or

(b) cunnilingus.

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 Bloodbank@HSA 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	FIRST TIME	DONATION #	
NAME (AS IN NRIC/PASSPORT)	REPEAT	COLLECTION SITE	ASSOCIATION
		DONATION DATE	DAY / MONTH / YEAR
HOME ADDRESS		DEFERRAL CODE	START DATE / END DATE
	POSTAL CODE		
HOME PHONE / MOBILE PHONE / BUSINESS PHONE	OCCUPATION	PH ID / PH TYPE / PH STATUS	
BIRTH DATE (DAY / MONTH / YEAR)	SEX (M F) / RACE (C I M O)		
EMAIL ADDRESS	DEFERRAL CHECKED / HB	GROSS QTY (Gms)	DONATION TIME (START / STOP)
WEIGHT (kg) / TEMP (°C) / PULSE (/min)	B.P. (mm Hg) / SCREENER ID	BAG TYPE / LOT #	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 Bloodbank@HSA 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, 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 (MO)/ Medical Screener:

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

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1(a) Is your purpose for this donation visit to find out whether or not you are infected with HIV or suffering from AIDS? Yes ☐ No ☐ ☐

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? Yes ☐ No ☐ ☐

1(c) Is there any reason for you to suspect that you have or could possibly have been infected with HIV or AIDS? Yes ☐ No ☐ ☐

1(d) Have you **ever** offered to anyone sexual activity* services for cash or benefits of any kind? Yes ☐ No ☐ ☐

2(a) Male Donors: have you **ever** engaged in sexual activity* with another male? Yes ☐ No ☐ ☐

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? Yes ☐ No ☐ ☐

3(a) In the past twelve (12) months, have you had: unexplained weight loss or persistent night sweats, fever, diarrhoea or swollen glands? Yes ☐ No ☐ ☐

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? Yes ☐ No ☐ ☐

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, gonorrhea 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 ☐ ☐

"sexual activity" *means:-*

(a) sexual activity occasioned by the introduction into the vagina, anus or mouth of any person of any part of the penis of another person; or

(b) cunnilingus.

5 Have you :

(a) donated blood, double unit red cells, platelets or plasma in the last 16 weeks? Yes ☐ No ☐ ☐

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(b) ever been told to stop giving blood or been refused as a blood donor? Yes ☐ No ☐ ☐

(c) ever had yellow jaundice or hepatitis or a positive hepatitis test? Yes ☐ No ☐ ☐

(d) been in close physical proximity with anyone with yellow jaundice or hepatitis or a positive hepatitis test in the past twelve (12) months? Yes ☐ No ☐ ☐

(e) ever received blood transfusion in UK, Mexico, France, South America and Central America or received plasma derived product in any country (including Singapore)? Yes ☐ No ☐ ☐

(f) received a blood transfusion in any other countries (other than the UK, Mexico, France, South America or Central America) in the last 12 months? Yes ☐ No ☐ ☐

(g) ever taken or been injected with addictive drugs? Yes ☐ No ☐ ☐

(h) within the past twelve (12) months, ever had body piercing (including ear piercing), tattoos, acupuncture done or been accidentally exposed to someone else's blood (including blood contaminated instrument)? Yes ☐ No ☐ ☐

(i) been detained or remanded in prison, approved institutions, approved homes or detention centres/barracks in the past twelve (12) months? Yes ☐ No ☐ ☐

6(a) Are you feeling well today? Yes ☐ No ☐

6(b) Do you have any fever today or during the past 3 weeks? Yes ☐ No ☐

7 In the past twelve (12) months, 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 or been in close contact with contagious infection, e.g. Chickenpox, measles, dengue, Chikungunya or any other viral infections? Yes ☐ No ☐

8 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 ☐

9 In the past three (3) days, 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 ☐

10 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 infection? Yes ☐ No ☐

(f) fainting, unconsciousness, fits or mental disorder? Yes ☐ No ☐

(g) malaria, Babesiosis or Chagas disease? Yes ☐ No ☐

11 Have you received:

(a) any injection or vaccination in the past twelve (12) months? Yes ☐ No ☐

(b) any Hepatitis vaccination before? Yes ☐ No ☐
If yes, when?_____

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

12(a) Female Donors: Are you currently pregnant? Yes ☐ No ☐

12(b) Female Donors: Have you ever been pregnant in the past or had an abortion or a miscarriage previously? Yes ☐ No ☐
If so, please provide the number and last date of pregnancy _____

13(a) In the past twelve (12) months, have you travelled out of Singapore? Yes ☐ No ☐
If yes, where and when since your last successful donation?_____

13(b) Have you ever lived in a malaria endemic area consecutively for 6 months or more? Yes ☐ No ☐
If yes, where? _____

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

13(d) Have you visited or lived cumulatively in Europe for five (5) years or more from 1980 to the present, or the United Kingdom (England, Scotland, Wales, Northern Ireland, Isle of Man & Channel Islands) for three (3) months or more from 1980 to 1996? Yes ☐ No ☐

13(e) Do you have any immediate family members who has been diagnosed with Creutzfeld-Jacob Disease (CJD)? Yes ☐ No ☐

14 Do you understand that blood which is infected and donated to another person can cause disease, disability, pain, suffering and even death to him/her? Do you understand all the questions and information contained in this form and the donor information presented to you? Yes ☐ No ☐

15 Do you know that if you feel that your blood should not be transfused to another person, you can call the 24-hour hotline at telephone No. **1800-2263320** (Toll-Free) to alert HSA immediately? Yes ☐ No ☐

Blood ID Number

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DONOR DECLARATION

To : Group Director
Blood Services Group
Health Sciences Authority

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

I agree that my blood donation is made on a fully voluntary and non-remunerative basis as an altruistic gift of life and can be used for such purposes as is deemed fit for the benefit of society.

I consent to you collecting a sample of my blood from the donation for blood group typing and testing it for Syphilis, Hepatitis B, Hepatitis C, the HIV virus which causes AIDS and such other tests as you deem necessary for ensuring transfusion and transplant safety. I understand that, where the sample collected is unsuitable, testing may not be performed and my blood will not be used. I also understand if my blood test for the AIDS virus (HIV) or Hepatitis is not clearly positive or negative, my blood will not be used and my name may be placed on a deferral list.

I consent to the results of the above tests being stored in a computerised file. The results may be used for statistical and academic purposes provided that I shall not be identified as the subject of the tests without my express consent.

I understand that the results of tests made on my blood donation are solely for the purpose of ensuring safe blood for transfusion and the test results will not be released for insurance, employment or for any other purpose.

If I feel that my blood should not be transfused to another person, I shall call telephone No. 1800-2263320 (Toll-Free) to alert HSA immediately. I understand no reasons need to be provided but my donated blood will still be subjected to infectious disease testings such as HIV, Syphilis Hepatitis B and Hepatitis C viruses for epidemiological assessment of the donor pool.

I confirm that I fully understand all the questions above and the consequences of giving false or misleading answers. **I confirm that I fully understand all the questions above which were explained to me in the _____(language/dialect) by NRIC/Passport No./FIN No. _____ (name) _____ before I give my answers.

I UNDERSTAND THAT I SHALL BE PROSECUTED AND MAY BE IMPRISONED, AND/OR FINED IF ANY OF THE ANSWERS TO THE ABOVE QUESTIONNAIRE OR ANY OF THE STATEMENTS ABOVE IS FALSE OR MISLEADING.

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 MEDICAL SCREENER (WITNESS)	SIGNATURE OF MEDICAL SCREENER (WITNESS)

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S20

**delete where appropriate

Donating blood is an act of great human kindness.
Your blood can save the life of another person. As a blood donor, you want to make sure that you are giving good, healthy blood.

BLOOD SERVICES GROUP
HEALTH SCIENCES AUTHORITY

Supplementary Questions (Infectious Disease Outbreak)

1. Have you visited or lived in Guinea, Liberia or Sierra Leone within the last 8 weeks? Yes ☐ No ☐

2. Have you ever been infected or diagnosed with Ebola infection. Yes ☐ No ☐

3. Have you had close contact with a person who is suspected /probable or confirmed of having Ebola infection (EVD)? Yes ☐ No ☐
   (Close contact – having cared for or lived with any patients with confirmed, probable or suspected EVD, or had direct contact with the blood, secretions or other body fluids of a confirmed , probable or suspected case of EVD. This includes healthcare workers directly involved in providing care to patients with EVD; and those directly handling human bodies, and bats, rodents or primates from EVD-endemic areas.)

NAME OF BLOOD DONOR _____ NRIC / PP NO. _____ SIGNATURE _____

NAME OF MEDICAL SCREENER _____ DATE _____ SIGNATURE _____

BLOOD UNIT NO. ☐