



**Donor Full Name:** ..... **UAE ID:** ..... **DONOR#:** .....  
**MOBILE#:** ..... **ABO gp:** ..... **Hb:** .....g/dl **DATE:**.....

ANSWER YES OR NO BY FILLING IN THE SQUARE	Yes	No
Are you		
1. Feeling healthy and well today?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you read the educational materials today?	<input type="checkbox"/>	<input type="checkbox"/>
Please read the Medication Deferral List.	Yes	No
3. Are you now taking or have you ever taken any medications on the Medication Deferral List in the time frame indicated? (see medication list)	<input type="checkbox"/>	<input type="checkbox"/>
4. Currently taking an antibiotic or any other medication for an infection?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 48 hours have you	Yes	No
5. Have you taken aspirin or anything that has aspirin in it?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 4 weeks have you	Yes	No
6. Have you been in any of the areas on the attached list?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 8 weeks have you	Yes	No
7. Donated blood, platelets or plasma?	<input type="checkbox"/>	<input type="checkbox"/>
8. Had any vaccinations or other shots?	<input type="checkbox"/>	<input type="checkbox"/>
9. Had contact with someone who was vaccinated for smallpox in the past 8 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 16 weeks	Yes	No
10. Have you donated a double unit of red cells using an apheresis machine?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 6 months have you	Yes	No
11. Had a tattoo, ear or body piercing?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 12 months have you	Yes	No
12. Had a blood transfusion?	<input type="checkbox"/>	<input type="checkbox"/>
13. Had a transplant such as organ, tissue, or bone marrow?	<input type="checkbox"/>	<input type="checkbox"/>
14. Had a graft such as bone or skin?	<input type="checkbox"/>	<input type="checkbox"/>
15. Come into contact with someone else's blood?	<input type="checkbox"/>	<input type="checkbox"/>
16. Had an accidental medical needle-stick injury?	<input type="checkbox"/>	<input type="checkbox"/>
17. Had sexual contact with anyone who has HIV/AIDS or has had a positive (reactive) test for the HIV/AIDS virus?	<input type="checkbox"/>	<input type="checkbox"/>
18. Had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything <b>not</b> prescribed by their doctor?	<input type="checkbox"/>	<input type="checkbox"/>
19. Had sexual contact with anyone who has hemophilia or has used clotting factor concentrates?	<input type="checkbox"/>	<input type="checkbox"/>
20. Had sexual contact with a person who has hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>
21. Lived with a person who has hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>
22. Been in juvenile detention, lockup, jail, or prison for 72 consecutive hours or more?	<input type="checkbox"/>	<input type="checkbox"/>
23. Had or been treated for gonorrhea?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 3 years have you	Yes	No
24. Been outside the UAE? Specify the country .....	<input type="checkbox"/>	<input type="checkbox"/>
25. Had malaria?	<input type="checkbox"/>	<input type="checkbox"/>
From 1980 through 1996 Did you spend time that adds up to 3 months or more	Yes	No
26. In the UK countries of England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands?	<input type="checkbox"/>	<input type="checkbox"/>
From 1980 through 2001 Did you spend time that adds up to five (5) years or more	Yes	No
27. In France or Ireland?	<input type="checkbox"/>	<input type="checkbox"/>



From 1980 to the present	Yes	No
28. Did you receive a blood transfusion in France, Ireland, England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands?	<input type="checkbox"/>	<input type="checkbox"/>
Have you EVER	Yes	No
29. Had a positive test for the HIV virus (AIDS)?	<input type="checkbox"/>	<input type="checkbox"/>
30. Used needles to take drugs, steroids, or anything <b>not</b> prescribed by your doctor?	<input type="checkbox"/>	<input type="checkbox"/>
31. Used clotting factor concentrates?	<input type="checkbox"/>	<input type="checkbox"/>
32. Had hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>
33. Had or been treated for syphilis?	<input type="checkbox"/>	<input type="checkbox"/>
34. Had Chagas' disease?	<input type="checkbox"/>	<input type="checkbox"/>
35. Had babesiosis?	<input type="checkbox"/>	<input type="checkbox"/>
36. Received a dura mater (or brain covering) graft or xenotransplantation product?	<input type="checkbox"/>	<input type="checkbox"/>
37. Had any type of cancer, including leukemia?	<input type="checkbox"/>	<input type="checkbox"/>
38. Had any problems with your heart or lungs?	<input type="checkbox"/>	<input type="checkbox"/>
39. Had a bleeding condition or a blood disease?	<input type="checkbox"/>	<input type="checkbox"/>
40. Have any of your relatives had Creutzfeldt-Jakob disease?	<input type="checkbox"/>	<input type="checkbox"/>
41. Have you received money, drugs, or other payment for sex?	<input type="checkbox"/>	<input type="checkbox"/>
42. <b>Male donors:</b> had sexual contact with <b>another male</b> , even once?	<input type="checkbox"/>	<input type="checkbox"/>
43. <b>Female donors:</b> Have you ever been pregnant or are you pregnant now?	<input type="checkbox"/>	<input type="checkbox"/>
44. <b>Female donors:</b> In the past 12 months have you Had sexual contact with a male who has ever had sexual contact with another male?	<input type="checkbox"/>	<input type="checkbox"/>

<b>In the past 14 days:</b>	Yes	No
1- Have you had symptoms of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
2- Have you had a positive diagnostic test for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
3- Have you tested positive for the antibodies to the COVID-19 virus?	<input type="checkbox"/>	<input type="checkbox"/>

**Informed consent for blood collection, blood testing and the reporting results:**

- I'm the undersigned have answered all the questions correctly and I understand that making a false statement is a serious matter and could harm others.
- I have read the education materials provided and understood the information regarding the procedures, side effects and complications associated with my whole blood or automated donation. I was given the opportunity to ask Questions and have them answered.
- I understand that:
  - a) Blood donation is totally a voluntary act and no remuneration has been offered.
  - b) Donation of blood / components is a medical procedure and that by donation voluntarily; I accept the risk associated with this procedure.
  - c) My blood will be tested for hepatitis B, Hepatitis C, HIV/AIDS and venereal diseases in addition to any other screening tests required to ensure blood safety.
  - d) My positive test result will be given to me and reported with the other required information to the concerned health department as per the UAE - MOHAP regulations.
  - e) I should not donate in order to obtain free infection disease testing.
  - f) Infections can spread by blood transfusion and I agree not to donate blood if there is a chance this might spread HIV/AIDS.
- I agree to donate blood for use as decided by Shj BTRC and EHS blood banks. I agree to call Shj BTRC and EHS blood banks if after donation I decided my blood should not be used.
- In case of legally incompetent adult, consent shall be addressed in accordance with the applicable UAE law.

Donor's Signature: .....

Date: .....

Doctor / Medical Staff use only

Donor accepted: Yes No

Signature: ..... Date: .....



**Someone's life depends on you**

**Medication Deferral List (Question 3)**

**SOME MEDICATIONS MAY AFFECT YOUR ELIGIBILITY TO DONATE BLOOD.**

**PLEASE TELL US IF YOU are now taking or if you have EVER taken any of these medications:**

Are being treated with the following types of medications....	Medication	Which also called	Deferral Period
<b>Anti-platelet agents (usually taken to prevent stroke or heart attack)</b>	Feldene	piroxicam Aspirin	2 days
	Effient	Prasugrel	3 days
	Brilinta	Ticagrelor	7 days
	Plavix	clopidogrel	14 days
	Ticlid	ticlopidine	
	Zontivity	vorapaxar	1 Month
<b>Anticoagulants or “blood thinners” (usually to prevent blood clots in the legs and lungs and to prevent strokes)</b>	Xarelto	rivaroxaban	2 days
	Fragmin	dalteparin	
	Lovenox	enoxaparin	
	Pradaxa	dabigatran	
	Eliquis	apixaban	
	Savaysa	edoxaban	
	Arixtra	fondaparinux	7 days
	Coumadin, Warfilone, Jantoven	Warfarin	
<b>Acne treatment</b>	Accutane, Amnesteem, Absorica, Claravis, Myorisan, Sotret, Zenatane		1 Month
	<b>Multiple myeloma</b>	Thalomid	
<b>Rheumatoid arthritis</b>	Rinvoq	upadacitinib	6 Months
<b>Hair loss remedy</b>	Propecia	finasteride	
<b>Prostate symptoms</b>	Proscar	finasteride	
	Avodart	dutasteride	
Jalyn			
<b>Immunosuppressant</b>	Cellcept	mycophenolate mofetil	6 Weeks
<b>HIV Prevention (PrEP and PEP)</b>	Truvada, Descovy, Tivicay, Isentress	tenofovir, emtricitabine dolutegravir, raltegravir	12 Months
	Apretude-injectable HIV prevention	cabotegravir	2 Years
<b>Basal cell skin cancer</b>	Erivedge Odomzo	Vismodegib sonidegib	24 Months
<b>Relapsing multiple sclerosis</b>	Aubagio	Teriflunomide	2 years
<b>Rheumatoid arthritis</b>	Arava	leflunomide	
<b>Psoriasis</b>	Soriatane	Acitretin	3 years
	Tegison	etretinate	Ever
<b>Hepatitis exposure</b>	Hepatitis B Immune Globulin	HBIG	12 months
<b>Experimental Medication or Unlicensed (Experimental) Vaccine</b>			12 months, or as indicated by Medical Director
<b>Growth hormone from human pituitary glands</b>			Ever
Insulin from Cows (Bovine or Beef Insulin) (from outside UAE)			Ever
HIV treatment also known as antiretroviral therapy (ART)			Ever

**DO NOT discontinue medications prescribed or recommended by your physicians in order to donate blood.**

**IF YOU WOULD LIKE TO KNOW WHY THESE MEDICINES AFFECT YOU AS A BLOOD DONOR, PLEASE KEEP READING:**

**Anti-platelet agents affect platelet function**, they are medications that can decrease the chance of a heart attack or stroke in individuals at risk for these conditions. Since these medications can affect platelets, so donors taking these drugs should not donate platelets for the indicated time mentioned above; however, you may still be able to donate whole blood. or red blood cells by apheresis.

**Anticoagulants or "blood thinners"** are used to treat or prevent blood clots in the legs, lungs, or other parts of the body, and to prevent strokes. These medications affect the blood's ability to clot, which might cause excessive bruising or bleeding when you donate. You may still be able to donate whole blood or red blood cells by apheresis.

**Acne, hair loss remedy, prostate and soriatane for psoriasis treatments**, these medications can cause birth defects. Your donated blood could contain high enough levels to damage the unborn baby if transfused to a pregnant woman. Once the medication has been cleared from your blood, you may donate again. so, donors taking these drugs should not donate blood for the indicated time mentioned above. **Tegison is a permanent deferral.**

**Basal cell skin cancer treatment Erivedge (Vismodegib), Odomzo (sonidegib), Multiple Myeloma treatment Thalomid (thalidomide) and relapsing multiple sclerosis medication Aubagio (teriflunomide)** can cause birth defects or the death of fetus (an unborn baby) if transfused to a pregnant woman. Once the medication has been cleared from your blood, you may donate again.

**Hepatitis B Immune Globulin (HBIG)** is an injected material used to prevent infection following an exposure to hepatitis B. HBIG does not prevent hepatitis B infection in every case, therefore people who have received HBIG must wait 12 months to donate blood to be sure they were not infected since hepatitis B can be transmitted through transfusion to a patient.

**Growth hormone from human pituitary glands** was prescribed for children with delayed or impaired growth. The hormone was obtained from human pituitary gland, which is in the brain. Some people who took this hormone developed a rare nervous system condition called Creutzfeldt-Jakob Disease (CJD, for short). The deferral is permanent.

**Insulin from cows (bovine, or beef, insulin)** is an injected medicine used to treat diabetes. It could contain material from cattle that have "mad cow disease." Although no cases of the human type of "mad cow disease" have been reported in people treated with bovine (beef) insulin, there is concern that someone exposed to "mad cow disease" through beef insulin could transmit it to someone who receives their blood.

Cellcept (mycophenolate mofetil) and Arava (leflunomide) are immunosuppressants that may cause birth defects or the death of an unborn baby if transfused to a pregnant woman.

PrEP or pre-exposure prophylaxis involves taking a specific combination of medicines as a prevention method for people who are HIV negative and at high risk of HIV infection.

PEP or post-exposure prophylaxis is a short-term treatment started as soon as possible after a high-risk exposure to HIV to reduce the risk of infection.

ART or antiretroviral therapy is the daily use of a combination of HIV medicines (called an HIV regimen) to treat HIV infection

**Experimental Medication or Unlicensed (Experimental) Vaccine** is usually associated with a research study, and the effect on the safety of transfused blood is unknown. Deferral is for one year or as per the medical director decision.

**Donors SHOULD NOT discontinue medications prescribed or recommended by their physician in order to donate blood.**