



EDV-Eingabe:	ja <input type="checkbox"/>
Kontrolle Datum:	Visum:

**The recent questionnaire is available on [blutspendezurich.ch/formulare](http://blutspendezurich.ch/formulare)  
Please print and fill out clearly before donating!**

Entnahmenummer:

**Please read the attached Information Sheet before completing the questionnaire (on pages 2 and 3) in blue or black ballpoint document-proof pen on the day of donation.**

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**For identification purposes please complete date of birth:**

<b>Only complete to notify change of details:</b>		
Family Name:	First Name:	
Street and Number:		
Postcode and Town/Village:	Email:	
Home Phone:	Business Phone:	Mobile:

Vom Entnahmepersonal auszufüllen:

Personaldaten überprüft und mit CTS verifiziert. Visum:

Blutdruck	Puls	Visum	Extra	ACD	Ausw.	Arzt	RW
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
max. 180/100 min. 100/50	max. 100 min. 50					Grund	<input type="text"/>
HB	Visum		Gewicht	Grösse	KK	ME	<input type="checkbox"/> mRö <input type="checkbox"/> oRö
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
F 125-165 M 135-185							

Phlebotomist/-in	Beginn	Ende	Entn.-Dauer/Visum	Entn.-Menge	Lot-Nummer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Bemerkungen:**

Visum: \_\_\_\_\_



# Medical questionnaire

Please reply to each question with an X

	Yes	No	Visum ZHBSD
<b>1.</b> Have you ever donated blood? If so, when was your last donation? _____ Where? _____			
<b>2.</b> Do you weigh more than 50 kg (110 lbs)?			
<b>3.</b> Are you at present in good health?			
<b>4.</b> Have you been treated by a dentist or dental hygienist in the past 14 days?			
<b>5.</b> During the past 4 weeks, have you received medical treatment, had a temperature over 38 °C or other mild illnesses such as diarrhea or colds?			
<b>6. a)</b> During the past 4 weeks, have you taken any medicine (tablets, injections, suppositories) – including without prescription? If so, which?: _____			
<b>b)</b> During the past 4 weeks, have you taken medicine for prostate enlargement or hair loss (e.g. Proscar® Finasterid-Mepha Procapil®, Finacapil® or Proscar®) or acne/eczema (e.g. Roaccutan®, Curakne®, Isotretinoin®, Tretinac® or Toctino®) or for depression (lithium-containing medications, e.g., Lithiofor®) or migraine (e.g., Topamax®) or bipolar disorder (e.g., Convulex® or Tegretol®)?			
<b>c)</b> Have you injected any medication for endometriosis (e.g., Lucrin Depot®) in the last 2 months?			
<b>d)</b> During the past 4 months, have you taken antiretroviral therapy /PEP/PrEP (e.g. Truvada®, Isentress®, Prezista® or Norvir®) or received any blood-derived medications?			
<b>e)</b> Have you taken Avodart® or Duodart® for prostate enlargement in the last 6 months?			
<b>f)</b> During the past 6 months, have you received cytostatic drugs (e.g., methotrexate against psoriasis or arthritis)?			
<b>g)</b> During the past 3 years, have you taken Neotigason®, Acicutan® to treat psoriasis or Erivedge® to treat basal cell carcinoma?			
<b>7. a)</b> Did you ever receive immunotherapy (cells or serum of human or animal origin)?			
<b>b)</b> In the last 12 months, have you been vaccinated against rabies or tetanus?			
<b>c)</b> In the last 4 weeks, have you received any other vaccinations? If yes, which and when? _____			

	Yes	No	Visum ZHBSD
<b>8.</b> Have you ever had any of the following illnesses or health problems? <b>a)</b> Cardiac or circulatory problems – or pulmonary disease (e.g. high/low blood pressure, heart attack, respiratory problems, stroke, ministroke (TIA), unconsciousness)			
<b>b)</b> Skin disease (e.g. wounds, rash, eczema, fever blister) or allergies (e.g. hay fever, asthma, medication)			
<b>c)</b> Other diseases, e.g. diabetes, thrombosis, blood disease, coagulation disease, vascular disease, kidney disease, neurological disease, epilepsy, cancer, osteoporosis, addiction disease (alcohol, drugs and medication)			
<b>9.</b> During the past 3 years or since you last donated blood, have you had an Hospitalisation Operation Accident			
<b>10. a)</b> Have you ever received graft(s) of human or animal tissues or have you ever had an organ transplant?			
<b>b)</b> Have you ever had any brain or spinal cord surgery abroad?			
<b>c)</b> Before 1.1.1986, were you ever treated with growth hormones or have received hormone injections for the treatment of infertility?			
<b>d)</b> Have you or has any member of your family had confirmed or suspected Creutzfeldt-Jakob disease?			
<b>e)</b> During the past 4 months or since your last blood donation have you received a blood transfusion since 1.1.1980?			
<b>11.</b> During the past 6 months, did you travel outside Switzerland? <b>a)</b> If yes, where and for how long? _____ _____ When did you return? _____			
<b>b)</b> Did you have any signs of illness (e.g. fever) there or since your return? If yes, please specify: _____ _____			
<b>12. a)</b> Were you born outside Switzerland, did you grow up there or did you live there for 6 months or more? If yes, in which country? _____ If yes, since when have you lived in Switzerland? _____			
<b>b)</b> Was your mother born outside Europe or did she grow up there, or did she live there for more than 6 months? If yes, in which country? _____			

# Medical questionnaire

Please reply to each question with an X

	Yes	No	Visum ZHBSD
<p><b>13. a)</b> Have you had in the last</p> <p><b>6 months:</b> toxoplasmosis mononucleosis amebiasis shigellosis TBE</p> <p><b>12 months:</b> Schistosomiasis gonorrhea</p> <p><b>2 years:</b> osteomyelitis rheumatic fever tuberculosis relapsing fever Guillain-Barré-Syndrome Q fever</p>			
<p><b>b)</b> Have you ever had any of the following infectious diseases:</p> <p>malaria Chagas disease brucellosis echinococcosis leishmaniosis lymphogranuloma venereum filariasis babesiosis Ebola</p> <p>If yes, which? When? _____</p>			
<p><b>c)</b> Have you had a tick bite in the last 4 weeks?</p>			
<p><b>d)</b> Have you had contact with a person, who has or had an infectious disease in the last 4 weeks?</p> <p>If yes, which? _____</p>			
<p><b>14.</b> During the past 4 months, have you undergone:</p> <p>a gastro-, colonoscopy acupuncture treatment electric epilation tattooing cosmetic treatments such as permanent make-up or microblading body piercing contact with foreign blood (a stitch wound, blood splash hitting the eyes, the mouth or another part of the body)? Leech therapy?</p> <p>If so, when? _____</p> <p>If so, where? _____</p>			

	Yes	No	Visum ZHBSD
<p><b>15.</b> To which of the following risk situations have you been exposed?</p>			
<p>a) Have you had a new or changing sexual partner within the past 4 months?</p>			
<p>b) Have you had sexual contact (protected or unprotected) with more than two people in the past 4 months?</p>			
<p>c) Have you had sexual contact under the influence of synthetic drugs in the past 12 months?</p>			
<p>d) Have you had sexual contact for which you received money or other benefits (drugs or medication)?</p>			
<p>e) Have you taken any drugs by injection?</p>			
<p>f) Have you ever had a positive test for HIV (AIDS) or jaundice (hepatitis B or C), or have you ever tested positive for these diseases?</p>			
<p>g) Do you ever had syphilis?</p>			
<p>h) Has your life partner, sex partner or roommate contracted jaundice (hepatitis B or C) in the past 6 months?</p>			
<p>i) Has your sexual partner contracted Zika in the past 3 months?</p>			
<p><b>16.</b> During the past 12 months, have you had sexual intercourse with partners who:</p>			
<p>a) were exposed to one of the risk situations mentioned under 15?</p>			
<p>b) During the past 4 months, have you had sexual intercourse with partner(s) who have been in countries where HIV, hepatitis C (HCV), hepatitis B (HBV) is endemic for more than 6 months or have received blood transfusions there?</p> <p>If yes, date of return of the partner: _____</p>			
<p><b>If applicable to you:</b></p> <p><b>17.</b> Have you ever been pregnant? If yes, when was your last pregnancy?</p> <p>_____</p>			

Entnahmenummer:

## Informed Consent to be completed and signed by the donor

- I agree to donate my blood.
- I am aware that I can withdraw from donating blood at any time before, during or after donation without explanation and can refuse permission for the use of my blood.
- I confirm by my signature that I have well read and understood all information contained in the information sheet for blood donors (version 22) and that I was given all necessary explanations.
- I confirm that my personal details are correct and that I have completed the questionnaire to the best of my knowledge.
- I accept that my blood, if necessary, may also be analysed using genetic tests and that a sample will be stored for possible additional tests as required by Federal law on therapeutic products (Heilmittelgesetz). I will be informed about abnormal results.
- I consent that part of my donation may be used for the preparation of medicinal products.
- I agree that parts of my blood donation are used for teaching purposes and for the improvement of medical procedures such as diagnostic tests, devices and process validations. Data protection and the ban on commercialization are observed in compliance with current rules/regulations.
- All personal information supplied during the process of donating blood is protected by medical confidentiality. Personal information will be used by the Swiss Transfusion SRC (T-CH SRC) and the Regional Blood Transfusion Service SRC (RBTS SRC).
- The Regional Blood Transfusion Service is legally obliged to respect the Data Protection Act and to report notifiable diseases to the authorities. Only coded information (donor and product numbers) and blood group characteristics are passed on for patient care.

Family Name: (please use capital letters)

First Name:

Date of Birth:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Bemerkungen Anamnese:

zu Frage: \_\_\_\_\_

zu Frage: \_\_\_\_\_

zu Frage: \_\_\_\_\_

zu Frage: \_\_\_\_\_

zu Frage: \_\_\_\_\_

	Spendetauglich	Rückweisung	Ausschluss	Datum	Visum
Fragebogen kontrolliert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
HB, Puls, BD kontrolliert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Schlusskontrolle:

# Thank you very much for your donation.



# Information sheet for blood donors (version 22)

## Blood and blood transfusions

Blood and its components perform many vital functions in the human body. A sick or injured person may need a blood transfusion to heal or to survive. Transfusions are possible only if enough healthy volunteers agree to donate their blood. You can find further information on the role of blood, the various types of blood products and their relevance to patients on the [blood donor website](#). You can also ask additional questions at any time.

## Donating blood

When donating blood a sterile needle will be inserted into a vein in the arm and within 10-12 minutes nearly half a litre of blood will be collected. For a healthy person, the loss of this amount of blood in such a short time is normally well tolerated. It is therefore important that you are healthy. We will not take your blood if any of the pre-donation checks (blood pressure or haemoglobin measurement) or your completed questionnaire indicate an increased risk to your health through donating blood. Despite taking all precautions, complications may still occur during or after donating.

- short fainting episode (a 10 minute break including a meal after donation is recommended)
- injury at needle entry point (bruising, distension of the blood vessel wall, nerve damage)

Although the majority of complications are temporary and harmless, very rare but severe complications (e. g. diminished arm mobility of longer persistence, injuries due to falling) cannot be totally excluded. Your donor centre will advise you on prevention and treatment.

## Precautionary measures to reduce the risk of your blood donation for the recipient:

Please read the following information on risk situations, laboratory tests and post-donation information carefully to avoid harm to recipients of your blood:

### 1. Risk situations

One risk is the transmission of an infectious disease, possibly present in your blood, without you showing symptoms or feeling ill. We are able to assess this risk with the help of the completed medical questionnaire. Take enough time to check your answers, because it is of utmost importance that you answer the questionnaire truthfully. In compliance with the Swiss Transfusion regulations, we may have to temporarily or permanently exclude you from donating blood.

<b>The following risk situations are reasons for permanent exclusion from blood donation</b>
<ol style="list-style-type: none"> <li>1. A positive test for HIV (AIDS), syphilis, hepatitis B or C</li> <li>2. Past or present history of injecting drugs</li> </ol>

<b>The following risk situations may be a reason for deferral of blood donation</b>
<ol style="list-style-type: none"> <li>3. Sexual intercourse* for money, drugs or medication</li> <li>4. Suffering from a sexually transmitted disease (with or without treatment) during the past 12 months</li> <li>5. Sexual contact* with a new partner during the past 4 months. A "new sexual partner" means: <ul style="list-style-type: none"> <li>- a person with whom you have not had sexual contact OR</li> <li>- a former partner with whom you have re-started a sexual relationship in the last 4 months.</li> </ul> </li> <li>6. Sexual intercourse* with more than two partners during the past 4 months</li> <li>7. Stay abroad in the last 6 months (more detailed information can be found at <a href="http://blutspende.ch">blutspende.ch</a> under the term Travelcheck)</li> <li>8. Medical (e.g., gastroscopy/colonoscopy) or cosmetic procedures/treatments, and receipt of blood products</li> <li>9. Taking antiretroviral therapy (PEP/PrEP) in the last 4 months</li> <li>10. Sexual intercourse* during the past 4 to 12 months with partners exposed to any of the risk situations mentioned under 1 to 7</li> </ol>



\* protected or unprotected

At any time before, during or after donating, you may withdraw from blood donation and prohibit the use of your donated blood if it has not yet been transfused.

### 2. Biological Tests

The systematic screening of the AIDS virus, hepatitis virus (A, B, C and E), the syphilis agent and Parvo B19 takes place at every blood donation. For further information concerning the above-mentioned diseases and their transmission paths visit the [FOPH website](#).



Should one of the tests give a reactive result, you will immediately be informed and the blood you donated will not be transfused. However there is always a certain lapse of time between the moment of infection and the moment when biological tests start being reactive. It is thus possible that an infectious agent is transmitted to the recipient without the transfusion center knowing and preventing it.

Therefore a truthful answer to the questionnaire is of utter importance. In the same way, blood group AB0, Rhesus D and possibly other important blood groups in transfusion medicine are determined for each donor (if necessary by genetic methods).

### 3. Post-donation information

After leaving the blood donation centre, it is of great importance that you inform your blood donation centre as soon as possible if:

- you or someone in your close circle of contacts falls ill in the next few days.
- you realise that you have answered a question incorrectly.
- you suffer from any adverse effects after donating blood. Claims are covered by liability insurance.

Please note that timely notification can prevent transmission of a previously unrecognized infectious disease to a patient.

Personal information given in connection with blood donation is subject to medical secrecy. It will be used within Swiss Transfusion SRC, the Regional Blood Transfusion Service and their contractors. The Regional Blood Transfusion service is legally obliged to report notifiable diseases to the authorities. Only coded information (donor and product numbers) and blood group characteristics are passed on for patient care.

### 4. General information

It is important that you eat and drink before arriving at the donation centre. Please ensure that you do not drink alcohol before giving blood. After donating we advise you to take time to eat the snack provided by the donor centre. New donors should bring personal identification (with photo) with them and allocate enough time for a stress-free donation. Listed below are various reasons why donors should refrain from donating blood, either temporarily or definitively for health-related or medical reasons.

#### You must temporarily refrain from giving blood:

- While you have a cold sore (herpes simplex)
- After major skin abrasions
- After examination or treatment by a dental hygienist or dentist (24 hours to 14 days)
- While you have a cold (7 days) or after falling ill with a fever of more than 38 °C
- After taking/using certain medications, antibiotics, tablets for fungal infections (2 weeks)
- After beginning treatment, change of dosage or ceasing medication for high blood pressure
- After illness with fever and recurrent diarrhoea
- After vaccinations (depending on type of vaccination, 48 hours to 4 weeks)
- After visiting a region where chikungunya, dengue fever, West Nile (4 weeks) or any other infectious disease are endemic (see: [blutspendezurich.ch](http://blutspendezurich.ch), section Travelcheck); it concerns most countries outside Europe (e.g. USA)
- Before planned surgery or after surgery (1–12 months)
- After tick bite 1 month and in case of Lyme disease rejection for 2 weeks after successful treatment and complete recovery
- After a gastroscopy or colonoscopy (4 months)
- After taking prescribed medication for treatment of an acute gastro-intestinal ulcer (for 3 months after ceasing medication)
- During pregnancy and 12 months after birth
- After being bitten (14 days to 12 months)
- If you suffer from epilepsy (for 3 years after ceasing all medications and being seizure-free)
- After a tattoo, piercing or permanent make-up (4 months)
- Following cancer treatment during 1 to 5 years and dependent on the outcome according to the judgement by the transfusion specialist
- After a positive test for SARS-CoV-2 (Covid-19), for more information, see [blutspendezurich.ch](http://blutspendezurich.ch)



#### You must definitively refrain from giving blood:

- After transplants of human or animal tissue (dental implants not included)
- If you suffer from angina pectoris, have a cardiac pacemaker, or take endocarditis prophylaxis
- If you have had bypass surgery or a stent
- If you have chronic lung disease
- Cancer of blood system or virus associated diseases
- After any operation on your brain or spinal cord
- Insulin dependent diabetes
- Chronic Lyme disease

Bus, train and taxi drivers or people with similar responsibility for other people's safety should not return to work for at least 12 hours after donating blood, pilots should wait for 48 hours. Donors should wait at least 48 hours before taking part in high-risk hobbies such as diving and parachute-jumping. All donors should avoid strenuous activity until the following day. Driving a motor vehicle is generally possible 30 minutes after donating blood.

Swiss Transfusion SRC is aware that by asking these questions it is invading your privacy. In the interest of the recipient's health we are dependent on your reliable information.

This information is not complete. For further information or queries, please contact us on 058 272 52 14.

Thank you very much for your co-operation!