BLUTSPENDE SRK SCHWEIZ
TRANSFUSION CRS SUISSE
TRASFUSIONE CRS SVIZZERA
SWISS BLOOD STEM CELLS

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DONOR INFECTIOUS DISEASE MARKERS

DONOR / PATIENT DATA

GRID / RELATED-ID:

Recipient ID:

Blood Collection Date: (dd/mm/yyyy)

Date of tests: (dd/mm/yyyy)

DONOR HISTORY:

DOB: ..... (dd/mm/yyyy) Sex: ..... Blood group: ..... Rhesus: ..... Donor weight: .....kg

How many homologous blood transfusions, including whole blood, packed red blood cells or platelets has the donor ever received?

Number: .....

How many pregnancies had the donor? (male = 0)

Number: .....

DONOR INFECTIOUS DISEASE MARKERS:

HBsAg (hepatitis B surface antigen)				positive	☐	non-reactive ☐
HBV NAT				reactive	☐	non-reactive ☐
Anti-HBc				positive	☐	negative ☐
Anti-HBs		titre:	.....	positive	☐	negative ☐
Anti-HCV (antibody to hepatitis C virus)				reactive	☐	non-reactive ☐
HCV NAT				reactive	☐	non-reactive ☐
HEV NAT				reactive	☐	non-reactive ☐
Anti-T.Pallidum				reactive	☐	non-reactive ☐
Anti-CMV	Total	not done	☐	positive	☐	negative ☐
	IgG	not done	☐	positive	☐	negative ☐
	IgM	not done	☐	positive	☐	negative ☐
Anti-HTLV 1/2				reactive	☐	non-reactive ☐
Anti-HIV 1/2				reactive	☐	non-reactive ☐
Anti-HIV 1, Blot		indeterminate	☐	positive	☐	negative ☐
Anti-HIV 2, Blot		indeterminate	☐	positive	☐	negative ☐
HIV NAT				reactive	☐	non-reactive ☐

Comments: .....

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Remarks: .....

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Regional blood transfusion service: _____

Signature (person completing form): _____