



## DONOR INFECTIOUS DISEASE MARKERS

### DONOR / PATIENT DATA

GRID / RELATED-ID:	Recipient ID:
Blood Collection Date: <small>(dd/mm/yyyy)</small>	Date of tests: <small>(dd/mm/yyyy)</small>

### DONOR HISTORY:

DOB: ..... Sex: ..... Blood group: ..... Rhesus: ..... Donor weight: .....kg <small>(dd/mm/yyyy)</small>	
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)	reactive	<input type="checkbox"/>	non-reactive	<input type="checkbox"/>
HBV NAT	reactive	<input type="checkbox"/>	non-reactive	<input type="checkbox"/>
Anti-HBc	positive	<input type="checkbox"/>	negative	<input type="checkbox"/>
Anti-HBs titre .....	positive	<input type="checkbox"/>	negative	<input type="checkbox"/>
Anti-HCV (antibody to hepatitis C virus)	reactive	<input type="checkbox"/>	non-reactive	<input type="checkbox"/>
HCV NAT	reactive	<input type="checkbox"/>	non-reactive	<input type="checkbox"/>
HEV NAT	reactive	<input type="checkbox"/>	non-reactive	<input type="checkbox"/>
Anti-T.Pallidum	reactive	<input type="checkbox"/>	non-reactive	<input type="checkbox"/>
Anti-CMV Total	not done	<input type="checkbox"/>	positive	<input type="checkbox"/>
IgG	not done	<input type="checkbox"/>	positive	<input type="checkbox"/>
IgM	not done	<input type="checkbox"/>	positive	<input type="checkbox"/>
Anti-HTLV 1/2	reactive	<input type="checkbox"/>	non-reactive	<input type="checkbox"/>
Anti-HIV 1/2	reactive	<input type="checkbox"/>	non-reactive	<input type="checkbox"/>
Anti-HIV 1, Blot	indeterminate	<input type="checkbox"/>	positive	<input type="checkbox"/>
Anti-HIV 2, Blot	indeterminate	<input type="checkbox"/>	positive	<input type="checkbox"/>
HIV NAT	reactive	<input type="checkbox"/>	non-reactive	<input type="checkbox"/>

Remarks IDM: .....

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Remarks Donor Availability (med. questionnaire, travelling, scheduling conflicts etc): .....
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Regional blood transfusion service:

Signature (person completing form): \_\_\_\_\_

PREVIEW ONLY