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

Blutspende SRK Schweiz AG
Tel. +41 (0)31 380 81 81
tx-coordination@blutspende.ch
www.blutspende.ch

Medical Questionnaire CT/VT and Medical CheckUp

GRID / RELATED-ID:

Please provide truthful answers to each of the following questions. By doing so you will greatly help to keep residual risks low both for yourself and the blood stem cell recipient.

	Yes	No	Check
1. Do you feel in good health?	☐	☐	
2. Do you weigh at least 50 kg?	☐	☐	
3. Have you ever donated blood stem cells? If Yes, when? _____ Where?	☐	☐	
4. In the last 4 weeks have you had to see a doctor or had a temperature above 38°C?	☐	☐	
5. a) In the last 4 weeks have you taken any medication, including over-the-counter remedies, (e.g. tablets, injections, suppositories)? Please specify: _____	☐	☐	
b) In the last 6 months have you taken medication for an enlarged prostate (e.g. Avodart® or Duodart®)?	☐	☐	
c) In the last 12 months have you taken Neotigason® or Soriatane® (for psoriasis)?	☐	☐	
d) In the last 2 years have you taken Erivedge® or a generic (for basal cell carcinoma)?	☐	☐	
6. a) In the last 12 months have you been vaccinated against rabies, hepatitis B or tetanus?	☐	☐	
b) Have you had any other vaccinations in the last 4 weeks? Which? _____ When? _____	☐	☐	
7. Do you have or have you ever had any of the following conditions / symptoms? a) heart, circulation or lung problems (e.g. blood pressure too high or too low, heart attack, breathlessness, stroke, pulmonary embolism, loss of consciousness)? Please specify _____	☐	☐	
b) Allergies (e.g. hayfever, asthma, medication-induced)? Please specify _____	☐	☐	
c) Other (e.g. diabetes, diseases of the blood, coagulation and circulation, kidney, thyroid or neurological conditions, including epilepsy, cancer)? Please specify _____	☐	☐	
8. In the last 12 months have you had an ☐ illness? ☐ accident? ☐ operation? Please specify _____	☐	☐	
9. a) Have you ever been transplanted with human or animal tissue? Please specify	☐	☐	
b) Have you ever had brain or spinal cord surgery? Please specify _____	☐	☐	
c) Were you ever given growth hormone prior to 01.01.1986?	☐	☐	
d) Has Creutzfeldt-Jakob disease ever been diagnosed or suspected in yourself or a first-degree relative?	☐	☐	
e) In the last 12 months have you had a blood transfusion (red cells, platelets, plasma)? If yes, when? _____ Why? _____ In which country? _____	☐	☐	
10. a) In the last 6 months have you travelled outside Switzerland? Where? _____ From when to when? _____	☐	☐	
b) Did you have any symptoms (e.g. a temperature) while there or since coming back? Please specify _____	☐	☐	
c) In the last 3 years have you ever been to a malaria risk area? Where? _____ When did you get back? _____	☐	☐	
11. a) Were you born or raised outside Europe or have you lived there for more than 6 months? In which country? _____ When did you arrive (back) in Europe? _____	☐	☐	
b) Was your mother born or raised outside Europe or has she lived there for more than 6 months? In which country? _____	☐	☐	
12. a) Have you ever had: ☐ tuberculosis, ☐ borreliosis, ☐ osteomyelitis, ☐ toxoplasmosis, ☐ malaria, ☐ Zika? When? _____	☐	☐	
b) Have you ever had: ☐ Babesiosis, ☐ Brucellosis, ☐ Chagas disease, ☐ Ebola, ☐ Viral haemorrhagic fever, ☐ Q fever, ☐ Leishmaniasis?	☐	☐	

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	Yes	No	Check
c) In the last 4 weeks have you been in contact with any infectious disease? Which disease? _____	☐	☐	
d) In the last 4 weeks have you had a tick bite?	☐	☐	
13. In the last 4 months have you had: ☐ a tattoo, ☐ a gastroscopy or colonoscopy, ☐ acupuncture, ☐ electrolysis, ☐ permanent make-up, ☐ piercing, ☐ microblading, ☐ contact with third-party blood via needle stick injury or splash (eye, mouth etc.)? When? _____	☐	☐	
14. Have you ever had jaundice or a positive hepatitis test? Please specify Hepatitis ☐ A ☐ B ☐ C Other jaundice: _____ When? ☐ At birth Other date: _____	☐	☐	
15. In the last 12 months has your sex partner or housemate had jaundice?	☐	☐	
16. In the last 12 months have you lived for at least 6 months in countries with a high AIDS rate **and** during that time were you exposed to the risk of HIV infection? (e.g. sexual contacts, medical intervention, tattoo, piercing)	☐	☐	
17. Do one or more of the following risk scenarios apply to you? ☐ New sex partner in the last 4 months How many? _____ ☐ Remunerated sex (paid or paid-for) in the last 12 months More than once? ☐ Yes ☐ No ☐ Injection drug use in the last 10 years ☐ Positive test for HIV (AIDS), Syphilis or Hepatitis C	☐	☐	
18. Past or current same-sex contact?	☐	☐	
19. In the last 12 months have you had sex with any person? ☐ to whom the risk scenarios in Question 17 applied? ☐ who, within the last 12 months, has received a blood transfusion or some other exposure to HIV in a country where there is a high risk for AIDS?	☐	☐	
Questions for women only			
20. Have you given birth in the last 12 months? Are you currently breastfeeding or are you currently pregnant?	☐	☐	
21. How many pregnancies have you had (including miscarriages)?			

Confirmation to be completed and signed by the donor:

The personal data collected are covered by the professional duty of confidentiality. Swiss Transfusion SRC is subject to the Swiss Federal Act on Data Protection (FADP).

I hereby confirm that my personal details are correct and that I have been truthful in completing the questionnaire.

First name:_____ Surname:_____ Date of birth:_____

Date: _____ Signature: _____

For internal use:

Observations: _____

☐ Questionnaire and signature checked complete Date: _____ SRK: _____

☐ Donor suitability Yes ☐

No ☐ Reason: _____ Date: _____ SRK: _____