



**The recent questionnaire is available on [www.blutspendezurich.ch](http://www.blutspendezurich.ch) → Spender, 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

**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	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	Visum			Grund	
HB	Visum	Gewicht	Grösse	KK	ME	mRö
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F 125-165 M 135-185						oRö
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? _____	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2.</b> Do you weigh more than 50 kg (110 lbs)?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3.</b> Are you at present in good health?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4.</b> In the past 14 days, have you been treated by dental hygienist or dentist, e.g. had a dental filling procedure?	<input type="checkbox"/>	<input type="checkbox"/>	
<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?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6. a)</b> During the past 4 weeks, have you taken any medicine (tablets, injections, suppositories) – including without prescription? If so, which?: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b)</b> During the past 4 weeks, have you taken medicine for prostate enlargement or hair loss (e.g. Alopecia®, Finapil®, Propecia® or Proscar®) or against acne (e.g. Roaccutan®, Curakne®, Isotretinoin®, Tretinac® or Tactino®)?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c)</b> Have you taken antiretroviral therapy / PEP/PrEP (e.g. Truvada®, Isentress®, Prezista® or Norvir®) in the last 4 months?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>d)</b> Have you taken Avodart® or Duodart® for prostate enlargement in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>e)</b> During the past 3 years, have you taken Neotigason®, Acicutan® (to treat psoriasis or Erivedge® to treat basal cell carcinoma)?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>f)</b> Have you received blood-derived medicine in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>7. a)</b> Did you ever receive immunotherapy (cells or serum of human or animal origin)?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b)</b> In the last 12 months, have you been vaccinated against rabies or tetanus?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c)</b> In the last 4 weeks, have you received any other vaccinations? If yes, which and when? _____	<input type="checkbox"/>	<input type="checkbox"/>	
<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)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b)</b> Skin disease (e.g. wounds, rash, eczema, fever blister) or allergies (e.g. hay fever, asthma, medication)	<input type="checkbox"/>	<input type="checkbox"/>	
<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)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>9.</b> During the past 3 years or since you last donated blood, have you had an <input type="checkbox"/> Hospitalisation <input type="checkbox"/> Operation <input type="checkbox"/> Accident	<input type="checkbox"/>	<input type="checkbox"/>	
<b>10. a)</b> Have you ever received graft(s) of human or animal tissues or have you ever had an organ transplant?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b)</b> Have you ever had an operation on your brain or spinal cord?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c)</b> Before 1.1.1986, were you ever treated with growth hormones?	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	Visum ZHBSD
<b>d)</b> Have you or has any blood relative of you been diagnosed with (or been suspicious of) Creutzfeldt-Jakob disease?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>e)</b> Between 1.1.1980 and 31.12.1996 did you ever stay for a total of 6 months or more in the United Kingdom (England, Wales, Scotland, Northern Ireland, Isle of Man, Channel Islands, Gibraltar and the Falkland Islands)?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>f)</b> Since 1.1.1980, have you received one or more blood transfusions?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>11.</b> During the past 12 months, did you travel outside Switzerland? <b>a)</b> If yes, where and for how long? _____ _____ When did you return? _____	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b)</b> Did you have any signs of illness (e.g. fever) there or since your return? If yes, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<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? _____	<input type="checkbox"/>	<input type="checkbox"/>	
<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? _____	<input type="checkbox"/>	<input type="checkbox"/>	
<b>13. a)</b> Have you had in the last 6 months: <input type="checkbox"/> toxoplasmosis <input type="checkbox"/> mononucleosis <input type="checkbox"/> amebiasis <input type="checkbox"/> shigellosis <input type="checkbox"/> TBE <b>12 months:</b> <input type="checkbox"/> Schistosomiasis <input type="checkbox"/> gonorrhea <b>2 years:</b> <input type="checkbox"/> osteomyelitis <input type="checkbox"/> rheumatic fever <input type="checkbox"/> tuberculosis <input type="checkbox"/> relapsing fever <input type="checkbox"/> Guillain-Barré-Syndrome <input type="checkbox"/> Q fever	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b)</b> Have you ever had any of the following infectious diseases: <input type="checkbox"/> malaria <input type="checkbox"/> Chagas disease <input type="checkbox"/> brucellosis <input type="checkbox"/> echinococcosis <input type="checkbox"/> leishmaniasis <input type="checkbox"/> lymphogranuloma venereum <input type="checkbox"/> filariasis <input type="checkbox"/> babesiosis <input type="checkbox"/> Ebola If yes, which? When? _____	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c)</b> Have you had a tick bite in the last 4 weeks? If yes, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<b>d)</b> Have you had contact with a person, who has or had an infectious disease in the last 4 weeks? If yes, which? _____	<input type="checkbox"/>	<input type="checkbox"/>	
<b>14.</b> During the past 4 months, have you undergone: <input type="checkbox"/> a gastro-, colonoscopy <input type="checkbox"/> acupuncture treatment <input type="checkbox"/> electric needle epilation <input type="checkbox"/> tattooing <input type="checkbox"/> cosmetic treatments such as permanent make-up or microblading <input type="checkbox"/> body piercing <input type="checkbox"/> contact with foreign blood (a stitch wound, blood splash hitting the eyes, the mouth or another part of the body)? If so, when? _____ Where? _____	<input type="checkbox"/>	<input type="checkbox"/>	

**Medical questionnaire**

Please reply to each question with an X

	Yes	No	Visum ZHBSD
<b>15.</b> Have you ever had jaundice (hepatitis) or had a positive test for hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>16.</b> To which of the following risk situations have you been exposed?	<input type="checkbox"/>	<input type="checkbox"/>	
a) Have you changed your sexual partner in the past 4 months?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Have you had sexual contact (protected or unprotected) with more than two people in the past 4 months?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Have you had sexual contact under the influence of synthetic drugs in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
d) Have you had sexual contact for which you received money or other benefits (drugs or medication)?	<input type="checkbox"/>	<input type="checkbox"/>	
e) Have you taken any drugs by injection?	<input type="checkbox"/>	<input type="checkbox"/>	
f) Have you ever had a positive test for HIV (AIDS) or jaundice (hepatitis B or C)?	<input type="checkbox"/>	<input type="checkbox"/>	
g) Do you ever had syphilis?	<input type="checkbox"/>	<input type="checkbox"/>	
h) Has your life partner, sex partner or roommate contracted jaundice (hepatitis B or C) in the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	
i) Has your sexual partner contracted Zika in the past 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	Visum ZHBSD
<b>17.</b> During the past 12 months, have you had sexual intercourse with partners who: a) were exposed to one of the risk situations mentioned under 16?	<input type="checkbox"/>	<input type="checkbox"/>	
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? If yes, date of return of the partner: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<b>To answer only by women:</b> <b>18.</b> • Have you ever been pregnant? If yes, when was your last pregnancy? _____	<input type="checkbox"/>	<input type="checkbox"/>	
• Before 1.1.1986, did you receive hormone injections for infertility treatment?	<input type="checkbox"/>	<input type="checkbox"/>	

**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 21) 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 exclusively 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.

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 21)

## 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.

#### The following risk situations are reasons for permanent exclusion from blood donation

1. A positive test for HIV (AIDS), syphilis, hepatitis B or C
2. Past or present history of injecting drugs
3. Blood transfusion after 1.1.1980
4. Stay in the United Kingdom (England, Wales, Scotland, Northern Ireland, Isle of Man, Channel Islands, Gibraltar, Falkland Islands) between 1.1.1980 and 31.12.1996 for a total of 6 months or longer

#### The following risk situations may be a reason for deferral of blood donation

5. Sexual intercourse\* for money, drugs or medication
6. Gonorrhoea or another venereal disease (with or without treatment) during the past 12 months
7. Sexual contact\* with a new partner during the past 4 months. A "new sexual partner" means:
  - a person with whom you have not had sexual contact OR
  - a former partner with whom you have re-started a sexual relationship in the last 4 months.
8. Sexual contact\* with more than 2 people in the last 4 months
9. Stay abroad in the last 6 months (more detailed information can be found at [www.blutspende.ch](#) under the term Travelcheck)
10. Medical or cosmetic interventions/treatments as well as treatment with stable blood products
11. Taking antiretroviral therapy (PEP/PrEP) in the last 4 months
12. Sexual intercourse\* during the last 4–12 months with partners exposed to one of the risk situations mentioned in point 1 to 2 and 5 to 9



\* 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, please 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.

All personal details are protected by medical confidentiality. These details will only be used within the blood donor service SRC and the regional donor services. The Regional Blood Transfusion Service is legally obliged to report notifiable diseases to the authorities.

## 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 Spender, Formulare); 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 [www.zhbsd.ch](http://www.zhbsd.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!