

Thank you for being here!

Assessing the safety of your donation is very important so you must respond **RESPONSIBLY** to each of the questions in the questionnaire. Your blood donation process begins now!

If any questions arise when reading this leaflet, you can clarify them with the attending health professionals.

DO NOT GIVE BLOOD IF:

- You are pregnant;
- You have HIV/AIDS or have already tested positive for HIV/AIDS;
- You have taken or are taking medication to treat a potentially blood-borne disease (e.g., HIV/AIDS, Hepatitis B or C, Syphilis);
- You consume or have ever consumed injectable drugs not prescribed by a doctor;
- You have exchanged sexual contact for financial or equivalent consideration (money, drugs or others);
- You have had a transplant of human origin in the last six months;
- You have had treatment involving human gonadotrophin (e.g., growth hormone);
- You have received any blood transfusion after 1980.

DO NOT GIVE BLOOD IF, in the last 3 months:

- You have taken medication to prevent HIV infection (PrEP*, PEP**);
- You have had sexual contact with a new person or more than one person;
- You have had sexual contact with a person whose behaviour presents an increased risk of infection (e.g., consumption of injectable or inhalable drugs, sexual practices in exchange for receiving consideration); with a person with a sexually transmitted infection; with a person under the influence of alcohol or drugs.

Remember that you can transmit HIV/AIDS or Hepatitis to other people through transfusion of your blood components, even if you feel well and test negative. This is because immediately after exposure to infectious agents, the available laboratory tests cannot detect infections for some period of time - the **"WINDOW PERIOD"**.

If you think you may be at risk of having contracted an infectious disease and want to be tested, please ask us for information and do not give blood.

*PrEP: prophylaxis for people who are HIV negative and at high risk of HIV infection.

**PEP: short-term prophylaxis, begun immediately, for people at risk after exposure to HIV.

HIV: Human Immunodeficiency Virus.

AIDS: Acquired Immunodeficiency Syndrome.

SARS-COV-2: Severe acute respiratory syndrome – Coronavirus 2.

***Close contact: providing care, sharing a home, sharing a work environment with a confirmed or suspected case.

Blood donation process

Clinical screening

Clinical screening is very important for assessing your health status and for the safety of patients who will receive your blood. This includes responding to a written questionnaire with an informed consent form and a summary clinical evaluation to determine and record your weight, blood pressure, heart rate and haemoglobin level by testing a small sample of your blood.

If you do not meet the requirements required for blood donation, you will be temporarily or permanently suspended.

If you are suitable, you should not be fasting, and it is recommended that you ingest liquids in the 2 hours prior to donation.

At the end of the donation it is advisable to take a light meal provided by a qualified professional.

Why do we ask about travel or residence in other countries?

If you were born in, resided in or visited certain countries with an outbreak or endemic risk for infectious diseases potentially transmissible by transfusion, **you may** not be accepted to give blood.

Why do we ask you about some of your behaviours and lifestyle habits, and those of the person with whom you have sexual contact (e.g., travel, drug use)?

Some behaviours are associated with an increased risk of contracting infectious diseases that are potentially transmissible through blood transfusion.

Some viral and bacterial diseases, such as HIV/AIDS, Hepatitis B, Hepatitis C, Syphilis, Gonorrhoea and Chlamydia, are transmissible through sexual contact. They may also be transmissible via the shared use of objects (e.g., needles and/or syringes used by an infected person).

Emerging diseases: COVID-19

COVID-19 is a disease caused by a coronavirus - **SARS-COV-2** - and has high airborne transmissibility. There is no scientific evidence on the transmission of this viral agent through transfusion, the risk of which is therefore merely a theoretical consideration. As a precaution, persons infected with COVID-19 or close contacts*** with COVID-19 patients are temporarily ineligible to give blood.

Blood collection

A person who has been approved for blood donation goes to the collection room, where they are welcomed by a health professional who will perform the following:

- Positive confirmation of their identity;
- Inspection and disinfection of the puncture site.

A sterile single-use blood and needle bag system will be used.

Surveillance of signs, symptoms and monitoring of vital parameters is performed whenever necessary.

Adverse events may occur (e.g., sweating, fainting, nausea, bruising, muscle spasms), in which case you will be provided with the appropriate assistance by the qualified healthcare professional.

You may request the interruption of your donation at any stage of the process.

What happens after your donation?

Your blood will be analysed to determine your blood group, search for irregular antibodies and perform a serologic and molecular screening for infectious agents which can be transmitted via transfusion (HIV, HBV, HCV, HTLV I/II, Syphilis).

If necessary, selective laboratory screening may be performed for other infectious agents causing disease transmissible via transfusion according to your clinical risk assessment (e.g., behaviour, residence or travel), such as Malaria, Chagas disease and West Nile virus, among others.

Whenever analytical results identify changes that may compromise your health, you will be sent a notification. Sometimes infectious disease screening tests may show "reactive" results due to laboratory interference, which do not indicate disease or infection (false reactives). In the event of a positive result, you will receive clinical advice.

If the analyses carried out allow for the analytical qualification of your donation, it will be subject to a blood separation process in the following blood components:

Red blood cells: cells with the function of transporting oxygen, used in the treatment of anaemia.

Platelets: cells needed to control bleeding.

Plasma: fluid that contains biomolecules and proteins, such as those responsible for clotting, albumin and immunoglobulins.

Cryoprecipitate: fraction of plasma containing clotting proteins.

If your blood group is rare, red blood cell concentrate may be cryopreserved and stored in a rare group blood bank.

Post-donation information

If, in the 14 days after your donation, you become ill or recall any situation that calls into question the safety of the donation you have made, you must immediately report it to the Blood Service responsible for the collection.

Data Protection and Use of Personal Data

The personal data collected by the Blood Service are mandatory and necessary for blood donation, to ensure the safety of donors and patients and ensure traceability, and are stored in accordance with the legislation in force.

Data processing is done confidentially and securely, under the terms and conditions described in the Data Protection Guide available at the Institution.

Please mark with an X the answer you deem appropriate to your situation. If you have any doubts regarding the questions, ask the attending healthcare professional.

1	Have you read or heard the information on the back of this questionnaire?	YES	NO
2	Do you feel in good health and able to give blood?	YES	NO
3	Have you ever given blood or blood components?	YES	NO
4	Have you given blood within the last 2 months?	YES	NO
5	Have you ever been suspended for blood Donation?	YES	NO
6	Have you had any reactions or incidents related to previous donations?	YES	NO
7	Were your biological parents born in Portugal, and have they always lived there?	YES	NO
8	Were you born in Portugal, and have you always lived there?	YES	NO
9	Have you ever travelled outside Portugal?	YES	NO
10	In the last four months, have you travelled (even if in transit), lived or worked in any area with a focal point of an active transmission/outbreak or where an infectious disease is endemic?	YES	NO
11	Did you live in the UK for more than 12 cumulative months between January 1980 and December 1996?	YES	NO
12	Have you always been healthy?	YES	NO
13	Have you had any chronic illness or serious accident?	YES	NO
14	Have you ever been admitted to a hospital or maternity ward?	YES	NO
15	Have you ever had surgery (including caesarean section)?	YES	NO
16	Have you ever had seizures and/or epileptic seizures?	YES	NO
17	Have you undergone a tissue transplant (e.g., cornea), cell transplant or the administration of other biological products?	YES	NO
18	Have you received any transfusions after 1980?	YES	NO
19	In the last 3 months, have you lost weight for health reasons or unknown reasons?	YES	NO
20	In the last month, have you had any health problems (e.g., cough, fever, muscle pain, headaches, tiring easily, difficulty breathing, lack of taste, lack of smell, diarrhoea, vomiting, skin changes or others)?	YES	NO

21	In the last 3 months, have you been in close contact with a suspected or positive case of infectious disease?	YES	NO
22	Have you taken or are you taking any medication?	YES	NO
23	Have you been or are you undergoing prophylaxis or treatment for an infectious disease?	YES	NO
24	In the last 7 days, have you undergone dental treatment or tooth extraction?	YES	NO
25	Have you had any vaccinations in the last month?	YES	NO
26	Have you undergone or are you undergoing any treatment for infertility?	YES	NO
27	Are you or have you been pregnant?	YES	NO
28	In the last 4 months, have you had a tattoo or piercing done, or received acupuncture or mesotherapy?	YES	NO
29	In the last 4 months, have you had an endoscopy (e.g., gastroscopy, colonoscopy, cystoscopy)?	YES	NO
30	In the last 3 months, have you had sexual contact with a new person?	YES	NO
31	In the last 3 months, have you had sexual contact with more than one person?	YES	NO
32	In the past 12 months, have you had sexual contact with a person infected with or being treated for the AIDS Virus (HIV), Hepatitis B, C, or Syphilis?	YES	NO
33	Have you ever exchanged sexual contact for financial or equivalent consideration (money, drugs or others)?	YES	NO
34	Have you ever used drugs (injected, inhaled, ingested or otherwise)?	YES	NO
35	Does the person with whom you have sexual contact display any of the behaviours mentioned in 31, 33 or 34?	YES	NO

**Thank you for giving blood today.
You are essential to life!**

CONSENT FORM (FREE AND INFORMED) FOR BLOOD DONATION

I declare that I have read, or have heard, and have understood the information contained in this questionnaire and on its back page. I have answered conscientiously and responsibly; all information I have provided is true to the best of my knowledge. I have understood the nature of the donation process and the possible risks associated with blood collection, possible side effects and the subsequent care to be taken. I have had the opportunity to ask any question and I was provided with the necessary clarifications by the person (qualified health professional) signing this document.

I authorise the plasma resulted from my whole blood donation may be used for plasma-derived medicines.

I authorise the use of my blood, blood samples or any remaining samples for scientific research or laboratory controls, under the conditions provided for in the applicable legislation, provided that it cannot be administered to patients.

I am aware that the blood service will process my personal data in order to be able to conduct the blood donation and that such data will be included in a compulsory record, as described in the Guide on data protection which I have had the opportunity to consult.

I authorise the use of my personal data for future contacts about blood donation sessions. Yes No

I authorise you to proceed with the blood donation process.

Signature of the person making the donation, according to his/her CC/BI:

Signature and Professional Licence Number of the person in charge (qualified health professional):

Collection No.:

National Donor Card Number or Donor Number:

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Date of Birth:

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Date:

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"Record control: This document must be kept for the period of 1 year together with the corresponding process file, after which must be sent to the Archive service to be kept for a period of 30 years."

FORM. A4

Controlled digital document that can be viewed using the IPST web browser (address in the Achiever plus database). Uncontrolled paper document.