CANADIAN PLASMA RESOURCES

Donor ID:

QUESTIONNAIRE TO DETERMINE SUITABILITY OF THE DONOR

Registration date/time:

Verify correctness of your personal data: ***If correct, please mark "X" here*** ☐

Full name: Birthdate:

Residence:

Phone:

Donation Number

Please answer the following questions completely and truthfully to ensure that no harm occurs to you or the recipients of your plasma. All the information is confidential. Answer YES or NO to all questions below and fill in the square with an "X".

* If you experience difficulty with a question, leave it blank and the Physician Substitute will assist you.

	YES	NO	Comments
1. a) Are you feeling well today?	☐	☐	
b) Have you had any alcohol or drug use in the last 8 hours?	☐	☐	
c) Do you have a cold, flu, sore throat, fever, infection or allergy problem today?	☐	☐	
d) Are you currently taking an antibiotic or other medication for infection?	☐	☐	
e) In the last 3 days have you taken any medicine or drugs (pills including Aspirin or shots), other than birth control pills and vitamins?	☐	☐	
f) Have you ever taken any medications in the medication list?	☐	☐	
g) In the last 3 days have you had dental work?	☐	☐	
2. a) In the last 3 months have you had a vaccination?	☐	☐	
b) In the past 12 months have you had close contact with a person who has had hepatitis or yellow jaundice?	☐	☐	
c) In the past 12 months have you been in jail or prison?	☐	☐	
d) In the past 12 months have you had an animal bite which has not been assessed?	☐	☐	
e) In the past 12 months have you had a rabies shot or a graft?	☐	☐	
3. a) In the past 2 months have you donated whole blood, platelets or plasma at another centre?	☐	☐	
b) In the past 4 months have you donated a double unit of red cells using an apheresis machine?	☐	☐	
4. a) Have you ever had a transplant such as organ or bone marrow?	☐	☐	
b) In the past 12 months have you received during surgery bone, tissue or skin?	☐	☐	
c) Have you ever taken human pituitary growth hormone or received a dura mater (brain covering) graft?	☐	☐	
5. a) Have you ever had cancer, diabetes or Crohn's disease?	☐	☐	
b) Have you ever had heart, kidney, lung or blood problems?	☐	☐	
c) Have you ever had yellow jaundice (other than at birth) or hepatitis?	☐	☐	
d) Have you ever had a disease of the nervous system (ex: Alzheimer, Parkinson, multiple sclerosis, chronic fatigue syndrome, fibromyalgia)?	☐	☐	
e) Have you ever had epilepsy, coma, stroke or fainting?	☐	☐	
6. a) In the past 6 months have you been under a doctor's care or had surgery?	☐	☐	
b) In the last 6 months have you had a tattoo, ear or skin piercing, acupuncture or electrolysis?	☐	☐	
c) If female, in the last 6 months have you been pregnant?	☐	☐	
d) In the past 6 months have you had an injury from a needle or come in contact with someone else's blood?	☐	☐	
7. a) Have you spent a total of 5 years or more in Europe since January 1, 1980?	☐	☐	
b) Have you spent a total of 3 months or more in the United Kingdom (England, Northern Ireland, Scotland, Wales, the Isle of Man, or the Channel Islands) from January 1, 1980 through December 31, 1996?	☐	☐	
c) Since 1980, did you receive a blood transfusion or blood product in the United Kingdom, France or elsewhere in Europe?	☐	☐	
d) Have you spent a total of 3 months or more in France from January 1, 1980 through December 31, 1996?	☐	☐	
e) Have you spent a total of 6 months or more in Saudi Arabia from January 1, 1980 through December 31, 1996?	☐	☐	
8. a) In the last 3 and a half years have you spent more than 6 months in a continuous period outside Canada or the U.S.?	☐	☐	
b) In the last 12 months have you travelled outside Canada or the U.S. and stayed less than 6 months?	☐	☐	

Sample Only

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Question			
9. a) Have you ever had malaria, typhoid or paratyphoid fever?	☐	☐	
b) In the last month have you taken Accutane, Clarus (isotretinoin), Toctino (alitretinoin), Proscar, Propecia (finasteride) or Cyclomen (danazol)?	☐	☐	
c) Have you ever had Chagas disease, babesiosis or leishmaniasis?	☐	☐	
d) Have you ever taken Tegison or Soriatane for skin problems?	☐	☐	
e) Are you aware of a diagnosis of Creutzfeldt-Jakob Disease among any of your blood relatives (parent, child, sibling)?	☐	☐	
10. a) In the past 2 months have you had contact with someone who has had a smallpox vaccination?	☐	☐	
b) In the last month have you had an AIDS (HIV) test other than for donating blood?	☐	☐	

STOP HERE ***THE FOLLOWING QUESTIONS WILL BE ADDRESSED DURING MEDICAL INTERVIEW***

	YES	NO	Comments
11. Do you have AIDS or have you ever tested positive for HIV/AIDS?	☐	☐	
12. Have you used cocaine within the last 12 months?	☐	☐	
13. Have you ever used needles to take drugs, steroids or anything <u>not</u> prescribed by your doctor?	☐	☐	
14. Have you ever taken clotting factor concentrates for a bleeding disorder such as hemophilia?	☐	☐	
15. At any time since 1977, have you received money or drugs for sex?	☐	☐	
16. In the past 6 months have you had sex with someone whose sexual background you do not know?	☐	☐	
17. a) Male donors: From 1977 to present have you had sexual contact with another male even once?	☐	☐	
b) Female donors: In the past 12 months, have you had sexual contact with a male who has ever had sexual contact with another male?	☐	☐	
18. Have you had sex with anyone who has AIDS or has tested positive for HIV or AIDS?	☐	☐	
19. At any time in the last 12 months, have you paid money or drugs for sex?	☐	☐	
20. At any time in the last 12 months, have you had sex with anyone who has taken money or drugs for sex?	☐	☐	
21. In the past 12 months have you had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything <u>not</u> prescribed by their doctor?	☐	☐	
22. Have you had sex in the last 6 months with anyone who has taken clotting factor concentrates?	☐	☐	
23. In the last 12 months, have you had or been treated for syphilis or gonorrhea?	☐	☐	
24. In the last 12 months, have you received blood or blood products by transfusion for any reason, such as accident or surgery?	☐	☐	
25. a) Were you born in, or have you lived in Africa since 1977?	☐	☐	
b) Since 1977, did you receive a blood transfusion or blood product in Africa?	☐	☐	
c) Have you had sexual contact with anyone who was born in or lived in Africa since 1977?	☐	☐	
26. Have you ever had a serious disease or medical condition not listed above?	☐	☐	

I have reviewed the information pamphlet on plasmapheresis and HIV/Hepatitis	Yes ☐ No ☐
<u>Declaration of the donor</u>: I declare that I am legally competent, that I have answered the questionnaire truthfully, and that I have none of the risk factors for HIV, hepatitis B or C. My questions have been clearly answered and I give my consent to plasmapheresis. I declare that my plasma donation is to the best of my knowledge suitable for administration to humans.	**Donor Signature**
Certification of Good Health: **This donor is found to be in good physical and mental health and suitable for the plasmapheresis procedure.**	**Yes** ☐ **No** ☐
<u>Declaration of the member of staff</u>: I have carefully checked the answers to the questions, and enter the result into the Data Management System. I have assessed the general condition of the donor according to section 800 of the SOPs.	**Physician Substitute Signature**

Sample Only