You have just read the information sheet for blood donors, which is at your disposal at the blood donation center and you think you are able to donate blood. We would be grateful if you could now answer the following questions with the greatest sincerity by ticking the box with a cross in the corresponding box. You will help to ensure to your own safety and that of the patients who receive your blood.

- I hereby consent to donate my blood.
- I confirm by my signature that I have thoroughly read and understood all of the information sheet for blood donors and that I was provided with all the necessary explanations.
- I know that my personal data are correct and that the answers to all questions are true and accurate.
- I am aware that part of my donation may be used for the production of medicinal products. I consent that my donation or certain components thereof may be used for medical research after encoding or anonymization.
- The personal data collected in the context of the blood donation is subject to medical confidentiality and used exclusively by Swiss Transfusion SRC (T-CH) and the Regional Blood Transfusion Service (RBTS). The RBTS is legally obliged to respect the Data Protection Act and to report notifiable diseases to the Health Authorities.

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<th>Yes</th>
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<tbody>
<tr>
<td>1</td>
<td>Have you ever donated blood in the past? If so, give date of last donation and where?</td>
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<td>2</td>
<td>Do you weigh more than 50 kg (or 110 lbs)?</td>
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<td>3</td>
<td>Are you currently in good health?</td>
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<td>4</td>
<td>During the past 7 days, have you been treated by a dentist or dental hygienist?</td>
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<td>5</td>
<td>During the past 4 weeks, have you received medical care or had a fever above 38°C (or 100°F)?</td>
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<td>6</td>
<td>a) During the past 4 weeks, have you taken any medicine (tablets, injections, suppositories) – including without prescription?</td>
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<td>b) During the past 4 weeks, have you taken medicine for prostate enlargement or hair loss (e.g. Alocapila®, Finacapila®, Propecia® or Proscar®) or acne (e.g. Roaccutan®, Curakne®, Isotretinoin®, Tretinac® or Toctino®)?</td>
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<td>c) During the past 4 months, have you taken antiretroviral therapy HIV (e.g. Truvada®, Isentress®, Prezista®/Norvir®)?</td>
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<td>d) During the past 6 months, have you taken medicine to treat prostate enlargement (e.g. Avodart®, Duodart®)?</td>
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<td>e) During the past 3 years, have you taken Neotigason®, Accutana® (treatment of psoriasis) or Erivedge® (treatment for basal cell carcinoma)?</td>
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<td>f) During the past 12 months, have you received any blood-derived medications?</td>
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<td>7</td>
<td>a) Have you ever received any immunotherapy (cells or serum of human or animal origin)?</td>
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<td>b) During the past 12 months, have you been vaccinated to prevent rabies or tetanus?</td>
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<td>c) During the past 4 weeks, have you received any other vaccinations? If so, specify when?</td>
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<td>8</td>
<td>Have you ever had any of the following symptoms or diseases?</td>
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<td>a) Cardiac/circulatory or lung disease (e.g. high/low blood pressure, heart attack, breathing difficulty, stroke, ministroke (TIA), loss of consciousness)?</td>
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<td>b) Do you have a skin disease (e.g. wound, rash, eczema, fever blister) or allergy (e.g. hay fever, asthma, medicines)?</td>
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<td>c) Do you have any other reportable diseases (e.g. diabetes, blood disease, coagulation disease, vascular disease, kidney disease, neurological disease, epilepsy, cancer, nervous breakdown)?</td>
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<td>9</td>
<td>During the past 3 years or since your last blood donation, have you had</td>
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<td>a) a hospital stay?</td>
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<td>b) an accident?</td>
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<td>c) surgery?</td>
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<td>10</td>
<td>a) Have you ever received graft(s) of human or animal tissues or have you ever had an organ transplant?</td>
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<td>b) Have you ever had any brain or spinal cord surgery?</td>
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10. a) Before 01.01.1986, have you ever been treated with growth hormones?  
   No ( ) Yes ( ) 

b) Have you or has any member of your family had confirmed or suspected Creutzfeldt-Jakob disease?
   No ( ) Yes ( ) 

c) Between 01.01.1980 and 31.12.1996, did you ever stay for a total of 6 months or more in the United Kingdom (UK) (England, Wales, Scotland, Northern Ireland, Isle of Man, Channel Islands, Gibraltar and the Falkland Islands)?
   No ( ) Yes ( ) 

d) Have you ever received one or more blood transfusions since 01.01.1980?
   No ( ) Yes ( ) 

11. a) During the past 12 months, did you travel outside Switzerland? 
   If yes, where and how long? ............................................................... When did you return to Switzerland? ..............................................
   No ( ) Yes ( ) 

b) Did you have any medical or paramedical intervention there? If yes, please specify: .................................................................
   No ( ) Yes ( ) 

c) During the past 12 months, have you had your sexual intercourse with partners who were exposed to any of the risk situations listed?
   No ( ) Yes ( ) 

f) Positive test for HIV (AIDS), syphilis or jaundice (hepatitis B or C)
   No ( ) Yes ( ) 

e) Drug injection at present or in the past 
   No ( ) Yes ( ) 

d) Have you had a tick bite or been in contact with infectious diseases in the past 4 weeks?
   No ( ) Yes ( ) 

12. a) Were you born outside of Switzerland, did you grow up there or did you live there for 6 months or more?
   If yes, when have you lived in Switzerland? ..............................................
   No ( ) Yes ( ) 

b) Was your mother born outside Europe, did she grow up there or did she live there for more than 6 months?
   If yes, when have you lived in Switzerland? ..............................................
   No ( ) Yes ( ) 

13. a) Have you ever had any of the following diseases: If so, specify when? .................................................................
       Osteomyelitis  Rheumatic fever  Tuberculosis  Relapsing fever  Guillain-Barre-Syndrome 
       Toxoplasmosis  Mononucleosis  Amebiasis  Shigellosis  TBE  Schistosomiasis  Gonorrhoea 

b) Have you ever had any of the following diseases: If so, specify when? .................................................................
       Malaria  Chagas disease  Brucellosis  Echinococcosis  Leishmaniasis  Lymphogranuloma venereum, Filariasis  Q Fever  Babesiosis  Ebola 

c) Have you ever had another serious infectious disease? If yes, which? ................................................................. When? .......................................
   No ( ) Yes ( ) 

d) Have you had a tick bite or been in contact with infectious diseases in the past 4 weeks?
   If yes, please specify: ........................................................................................................
   No ( ) Yes ( ) 

14. a) Have you ever had a serious infection or been in contact with infectious diseases in the past 4 weeks?
   No ( ) Yes ( ) 

b) Have you ever had a serious infection or been in contact with infectious diseases in the past 4 weeks?
   No ( ) Yes ( ) 

c) Have you ever had a serious infection or been in contact with infectious diseases in the past 4 weeks?
   No ( ) Yes ( ) 

d) Have you ever had a serious infection or been in contact with infectious diseases in the past 4 weeks?
   No ( ) Yes ( ) 

15. a) Have you ever had jaundice (hepatitis) or a positive test for hepatitis?
   No ( ) Yes ( ) 

b) Have you ever had jaundice (hepatitis) or a positive test for hepatitis?
   No ( ) Yes ( ) 

16. a) Has anyone in your family circle or roommate or your usual sexual partner had jaundice (hepatitis) during the past 6 months or a Zika infection during the past 3 months?
   No ( ) Yes ( ) 

b) Has anyone in your family circle or roommate or your usual sexual partner had jaundice (hepatitis) during the past 6 months or a Zika infection during the past 3 months?
   No ( ) Yes ( ) 

17. a) Have you been exposed to any of the following risk situations?
   No ( ) Yes ( ) 

b) Have you been exposed to any of the following risk situations?
   No ( ) Yes ( ) 

c) Have you been exposed to any of the following risk situations?
   No ( ) Yes ( ) 

d) Have you been exposed to any of the following risk situations?
   No ( ) Yes ( ) 

e) Have you been exposed to any of the following risk situations?
   No ( ) Yes ( ) 

f) Have you been exposed to any of the following risk situations?
   No ( ) Yes ( ) 

18. a) During the past 12 months, have you had sexual intercourse with partners who were exposed to any of the risk situations listed in question 17?
   No ( ) Yes ( ) 

b) During the last 12 months, sexual intercourse under the influence of synthetic drugs
   No ( ) Yes ( ) 

d) During the past 12 months, sexual intercourse for money, drugs or medication
   No ( ) Yes ( ) 

e) Drug injection at present or in the past
   No ( ) Yes ( ) 

f) Positive test for HIV (AIDS), syphilis or jaundice (hepatitis B or C)
   No ( ) Yes ( ) 

19. a) Men only: Sexual intercourse between men ever in the past
   No ( ) Yes ( ) 

b) Men only: Sexual intercourse between men ever in the past
   No ( ) Yes ( ) 

20. a) Women only: Have you ever been pregnant? If yes, state the date of your last pregnancy
   No ( ) Yes ( ) 

b) Women only: Have you ever been pregnant? If yes, state the date of your last pregnancy
   No ( ) Yes ( ) 

Date  Name/First name  Date of birth  Signature