

Is there any history of surgery or blood transfusion in the past six months?

() Major () Minor () Blood Transfusion

For women donors :-

Are you pregnant ? () Yes () No

Have you had an abortion in the last three months ? () Yes () No

Do you have a child less than one year old? () Yes () No

Would you like to be informed about any abnormal test result at the address furnished by you ? () Yes () No

Have you read and understood all the information presented and answered all the questions truthfully? As any incorrect statement or concealment may affect your health or may harm the recipient? () Yes () No

I understand that :-

Blood donation is a totally voluntary act and no inducement or remuneration has been offered. Donation of Blood/components is a medical procedure and that by donating voluntarily. I accept the risks associated with this procedure.

My blood will be tested for Hepatitis B/C, Malaria parasite, HIV/AIDS and venereal diseases in addition to any other screening tests required to ensure blood safety.

I prohibit any information provided by me or about my donation to be disclosed to any individual or government agency without any prior permission.

Date _____ Time _____ Donor's Signature _____

General Physician Examination :

Weight _____ Pulse _____ Hb _____ BP Temperature _____

Signature of Medical Officer

Blood Safety Begins With A Healthy Donor.



Quality Matters in Cancer Care

**BASAVATARAKAM INDO-AMERICAN
CANCER HOSPITAL AND RESEARCH INSTITUTE**

Promoted by Smt. Nandamuri Basavataraka Ramarao Memorial Cancer Foundation and Indo-American Cancer Organisation

Road No. 14, Banjara Hills, Hyderabad 500034, India
Phones : 91-40-2355 1235 / 2360 7944, Fax : 91-40-2354 2120
E-Mail : info@induscancer.com Website : www.induscancer.com



Give the gift of life.

Donate Blood.



Facts about Blood Donation

- Person above 18 years of age and over 50 Kgs. in weight can donate blood once in three months.
- A normal adult has five to six liters of blood in his / her body of which only 300 ml is used during blood donation.
- This blood is replaced by your body with 24 to 48 hours!
- No special diet, rest or medicine is required after blood donation.
- The donor should not have taken any medicine in the last 48 hours.
- The donor should not have contacted jaundice in the previous three years.
- Every donor is given a medical checkup prior to donation to see if he/she is medically fit and doesn't suffer from anaemia, high blood pressure etc.
- The donor cannot contract AIDS or any other disease by donating blood.

Please visit Blood Bank @ Basavatarakam today
8 am to 8 pm for Blood Donation.

Commemorate Birthdays, Wedding Anniversaries and
other memorable days with blood donation.



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**DONATE BLOOD.
SAVE LIFE.**



BASAVATARAKAM



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When was the last time you had a chance to save a life? The simple act of donating blood gives you this opportunity!

It takes less than one hour of your time every few months to save lives by giving your life-giving blood to others who really need it.

Blood and blood products are needed 24 hours a day, 365 days a year for emergencies, surgeries, and to treat burns, injuries, heart disease, sickle cell anaemia and other medical conditions.

Ninety-five percent of us live over 70 years, and will need blood or blood products at some point in our lives, yet only five percent of the population donate blood on a regular basis.

BLOOD - IT CAN ONLY COME FROM DONORS LIKE YOU. PLEASE HELP BY BECOMING A REGULAR BLOOD DONOR.

BLOOD CANNOT BE MANUFACTURED NOR ENGINEERED; BLOOD IS ALL NATURAL AND THE ONLY SOURCE IS YOU, THE VOLUNTEER DONOR.

Every time you donate, you are helping to give another person a chance at life. In fact, your donation can save the lives of up to three people because blood can be separated into several crucial components; red blood cells, plasma, cryoprecipitate, and platelets. With your donation, you can help save the life of a neighbour, friend or family member who suffers from a disease, accident or who is undergoing a surgical procedure.

YOU CAN HELP SAVE LIVES JUST BY DONATING BLOOD.

You cannot get HIV/AIDS or any other disease from donating blood. The Blood Bank uses only new sterile needles and supplies. They are only used once for each donor and then safely discarded.

To ensure the blood supply is as safe as possible, only volunteer donors are accepted. Additionally, every unit of blood we collect is tested for infectious diseases, including hepatitis and HIV. Your blood will be grouped as well.

When you donate, you go through a safe, four-step process that takes less than an hour.

REGISTRATION

- A simple information process during which you are asked your name, address.

MEDICAL HISTORY INTERVIEW

- These procedures make sure that giving blood will be safe for both you and the recipient of your blood. You will be asked a series of confidential questions about your medical history. In addition, your temperature, blood pressure, red cell level, and pulse rate will be checked.

DONATION

- This part of the process takes only five to ten minutes.

REFRESHMENTS

- You will be offered some juice to help your body begin to replace the fluids lost in the donation process.

YOU ARE ELIGIBLE TO DONATE BLOOD IF YOU:

- Are 17 years of age or older.
- Weigh 50 Kgs or more.
- Are in general good health. If you are currently taking medication, it may not affect your ability to donate; many medications are acceptable to take and still donate.

The Blood Bank provides the following special services:

APHERESIS DONATION

- A special donation process that removes a particular blood component, usually platelets.

AUTOMATED DOUBLE RED CELLS

- A special process that removes two units of red cells and replaces the other components.

REFERENCE LABORATORY

- Identifies rare donors and solves patient cross-matching problems.

THERAPEUTIC PHLEBOTOMIES

- To treat certain blood disorders and are provided free to patients with hemochromatosis.

THERAPEUTIC PROCEDURES

- Plasma exchanges and injections of blood derivatives.

BLOOD DONOR CONSENT FORM

Confidential () Tick whether applicable.

Please answer the following questions correctly. This will help to protect you and the patient who receives your blood.

Name : _____

Sex : Male () Female () Date of Birth : _____ Age : _____

Father's Name : _____

Occupation : _____ Organization : _____

Address for communication : _____

Telephone : _____ Mobile No : _____

Would you like us to call you on your mobile : () Yes () No

Would you like your name to be included in donors website () Yes () No

Fax No : _____ Email : _____

Have you donated previously : () Yes () No

If yes, how many occasions () when last : _____

Did you have any discomfort during/after donation? () Yes () No

Your Blood Group _____ Time of last meal : _____

Do you feel well today ? () Yes () No

Did you sleep well last night ? () Yes () No

Have you any reason to believe that you may be infected :

By Hepatitis, Malaria, HIV and/or venereal disease ? () Yes () No

In the last 6 months have you had any history of the following :-

() Unexplained weight loss

() Repeated Diarrhoea

() Swollen Glands

() Continuous low - grade fever

In the last six months have you had any :-

() Tattooing.

() Ear piercing.

() Dental Extraction.

Do you suffer from or have suffered from any of the following diseases?

() Heart Disease () Lung Disease () Kidney Disease

() Cancer/Malignant Disease () Epilepsy

() Diabetes () Tuberculosis () Abnormal Bleeding tendency.

() Hepatitis B/C () Allergic Disease () Jaundice (last one year).

() Sexually Transmitted Diseases () Malaria (six months)

() Typhoid (last one year) () Fainting spells.

Are you taking or have you taken any of these in the past 72 hours?

() Antibiotics () Aspirin () Alcohol

() Steroids () Vaccinations () Dog bite - Rabies vaccine (1 year).