

**SEROCONVERT DONOR NOTIFICATION FORM****IMPORTANT INFORMATION****PART 1**

1. Every case of seroconverted donor shall be managed, investigated and documented accordingly.
2. Please complete Part 1 of this form and send a copy within ONE (1) month following donor counselling to the National Haemovigilance Coordinating Centre, National Blood Centre.
3. Completed original form shall be retained at the respective blood centre.

**DONOR DETAILS**

|  |                                |
|--|--------------------------------|
| Name :   | IC / Passport No :             |
| Gender : Male <input type="checkbox"/> Female <input type="checkbox"/> | Barcode :                      |
| Date of donation :   | Number of previous donations : |
| Reported by :  | Designation :                  |
| Collection centre :  | Date of reporting :            |

**1. Infectious markers implicated**

- HIV    HBV    HCV    Syphilis    Others (please specify) : \_\_\_\_\_
- a. Screening (Specify method) : \_\_\_\_\_
- b. Confirmation (Specify method) : \_\_\_\_\_
- c. Date of confirmation (Seroconversion) : \_\_\_\_\_

**2. Risk Factors**

- High Risk Sexual Behaviour (Specify) : \_\_\_\_\_
- Body piercing / Tattoo/ Acupuncture (Please circle the appropriate one)
- History of blood transfusion (Date & Hospital involved) : \_\_\_\_\_
- Intravenous drug use
- Others (please specify) : \_\_\_\_\_

**IMPORTANT INFORMATION**

**PART 2**

1. Please fill up the following for the last negative donation and donation(s) in the six (6) months period prior to the last negative donation.
2. Upon completion of Part 2, please resend the complete form to National Haemovigilance Coordinating Centre, National Blood Centre.
3. Completed original form shall be retained at the respective blood centre.

**PREVIOUS DONATION RECORDS**

**Barcode NO:** \_\_\_\_\_

**Date (DD/MM/YY)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Donation Centre/ Hospital:** \_\_\_\_\_

| Type of Product:                                     | Whole blood | Packed cells | FFP | Platelet | Cryoppt/sup | Others (.....) |
|--|-------------|--------------|-----|----------|-------------|----------------|
| Date Issued:   |             |              |     |          |             |                |
| Issued to Hospital/ward:                             |             |              |     |          |             |                |
| Patient's name:                                      |             |              |     |          |             |                |
| Patient ID:  |             |              |     |          |             |                |
| Ward :   |             |              |     |          |             |                |
| Patients current status(dead/alive/ result status) : |             |              |     |          |             |                |
| Patient's Diagnosis :                                |             |              |     |          |             |                |

**Barcode NO:** \_\_\_\_\_

**Date (DD/MM/YY)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Donation Centre/ Hospital:** \_\_\_\_\_

| Type of Product:                                     | Whole blood | Packed cells | FFP | Platelet | Cryoppt/sup | Others (.....) |
|--|-------------|--------------|-----|----------|-------------|----------------|
| Date Issued:   |             |              |     |          |             |                |
| Issued to Hospital/ward:                             |             |              |     |          |             |                |
| Patient's name:                                      |             |              |     |          |             |                |
| Patient ID:  |             |              |     |          |             |                |
| Ward :   |             |              |     |          |             |                |
| Patients current status(dead/alive/ result status) : |             |              |     |          |             |                |
| Patient's Diagnosis :                                |             |              |     |          |             |                |

\*additional pages to be filled if necessary