



Jihlavská 20, 625 00 Brno, Czech Republic Phone: +420 532 231 111

ID-No.: 652 697 05, VAT-NO.: CZ65269705,

Banking: 71234621/0100

Holder of ISO 9001:2008, 14001:2004 Certificates, DIAS Accreditation

Department of Transfusion & Tissue Medicine

MUDr. Eva Tesařová, Head Physician

Phone: +420 532 232 172, +420 532 233 933 Fax: +420 532 233 116

Fax: +420 532 232 116 E-mail: tesarova@fnbrno.cz

Blood Donor's Questionnaire About Subsequent Occurrence of Undesirable Reaction to the Blood Collection

The collection of blood or its components may produce an undesirable reaction occurring after some hours or even days. Please, fill in this questionnaire, if you have observed any of the reaction as stated below. You will so help us to gain a better survey of the blood collection influence on your health. On the basis of your suggestions, we will seek for effective precautions for decreasing of blood donors' undesirable reactions to the blood collection.

Name:	Surname:	
PIN/Day of birth:	Day of the blood collection:	
Type or extent & appear of the reaction:		<u>Yes</u>
Haematoma (haemorrhage, contusion, bruise) – diameter in centimetres:		
- up to 3 cm		
- up to 8 cm		
- more than 8 cm		
Consequent haemorrhage in the place of puncture		
- within 1 hour		
- within 12 hours		
- within 24 hours		
Arm ache after the blood collection		
Sickness without consciousness lose		
Vomiting		
Sickness with consciousness lose		
- duration of unconsciousness		
Dermal allergic symptoms		
- local affliction, where:		
- general appearance, what kind thereof:		
Vein inflammation in the place of puncture (it may possibly occur after some days)		
Thrombosis (it may possibly occur after three weeks)		
- where (organ, limb):		
This is to confirm my subsequent undesirable reaction to the blood collection.		
Date: by sending automatically	Time: by sending automatically	