

9. Have you donated whole blood?		
In the past 12 months have you:		
10. Female donor only: have you been pregnant or are you pregnant now? (males check: I am male <input type="checkbox"/>)		
11. Had a surgery, endoscopy or other invasive procedure?		
12. Had a blood/blood component transfusion?		
13. Had a transplant such as organ, tissue, or bone marrow?		
14. Had a graft such as bone or skin?		
15. Come into contact with someone else's blood?		
16. Had an accidental needle prick?		
17. Had a tattoo?		
18. Had an ear or body piercing?		
19. Had a dog bite and been given Rabies vaccine?		
20. Had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus?		
21. Had sexual contact with a prostitute or anyone else who takes money or drugs or other payment for sex?		
22. Had sexual contact with anyone who has ever used needles to take drugs, steroids, or anything NOT prescribed by a doctor?		
23. Had sexual contact with anyone who has hemophilia or has taken clotting factor concentrates for bleeding problems?		
24. Female donors only: had sexual contact with a male who has ever had sexual contact with another male? (males check: I am male <input type="checkbox"/>)		
25. Had sexual contact with a person who has Hepatitis or yellow jaundice?		
26. Lived or had close contact with a person who has Hepatitis or yellow jaundice?		
27. Been given Hepatitis B Immune Globulin (HBIG)?		
28. Had or been treated for Syphilis or Gonorrhoea?		
29. Been in Juvenile detention, jail or prison for more than 72 hours?		
In the past three years, have you:		
30. Been outside Lebanon? If yes, where?-----		
From 1980 through 1996, did you:		
31. Spend time that adds up to 3 months or more in the United Kingdom?		
From 1980 to the present, have you:		
32. Received a blood transfusion in Europe?		
From 1977 to the present, have you:		
33. Received money, drugs or other payment for sex?		
34. Male donors only: had sexual contact with another male, even once. (Females check: I am female <input type="checkbox"/>)		
Have you ever:		
35. Been to or lived in any endemic country for malaria?		
36. Had sexual contact with anyone who was born or lived in Africa?		
37. Had a positive test for the HIV/AIDS virus?		
- unexplained weight loss of 5 Kg or more?		
- cough, shortness of breath or diarrhea that would not go away?		
- unexplained fever?		
- red or purple lumps on or under your skin in the past 6 months?		
- white spots or unusual blemishes in the mouth that would not go away?		
38. Used needles to take drugs, steroids or anything NOT prescribed by your doctor?		
39. Had a bleeding condition or a blood disease?		
40. Used clotting factor concentrates for bleeding problems?		
41. Had head or brain surgery? (if Received a Dura Mater or brain covering graft)		
42. Received Growth Hormone?		
43. Had any relative who had Creutzfeldt-jakob disease?		
44. Had convulsions, seizures since infancy?		
45- Had Hepatitis (liver disease) or yellow jaundice or had a positive test for Hepatitis?		
46. Had Malaria?		
47. Had any type of cancer, including leukemia?		
48. Had any respiratory disease, chest pain, heart or lung problems?		
Are you:		
49. Giving blood because you want to be tested for HIV/AIDS virus?		
50. Aware that if you have the HIV/AIDS virus, you can give it to someone else even though you may feel well and have a negative HIV/AIDS test?		
51. Have you read and understood all the donor information presented to you and have all your questions been answered?		
52. May we contact you in case a patient requires blood?		