

DONOR SELECTION & REJECTION MANUAL

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PREFACE

Blood is the lifeline for any hospital. In India we need about 9 million units of blood every year. But unfortunately only about 6-7 million units are collected every year. Thus there is a shortage of more than 30%. The gap between the demand and supply is increasing. Therefore, lakhs and lakhs of patients suffer due to non-availability of proper blood at proper time.

Obviously the question arises as to wherefrom all the blood comes and also how are we going to cope up with the load of growing demands and requirements. **The only way is to request and motivate more and more of volunteers to come forward and they pour out their small Ahuties in this Maha Yagna of Voluntary Blood Donation Movement.**

During the past almost three decades, I have realized that although there are many people willing to donate blood, yet they are fearful and hesitate to come forward to do so due to some myths & lack of proper knowledge about blood donation.

Therefore, I have undertaken to write up this article to throw some light on Blood Donation - and why it should be done?

Millions of people all over the world celebrate joyous occasions like B'day, Wedding Anniversary etc by donating blood & saving lives.....WON'T YOU.

DR.N.K.BHATIA
Medical Director

BLOOD DONATION AND DONOR DEFERRAL

Advice for first-time donors:

Anxiety and fears are normal. Many people are afraid of donating blood. Once you have donated, you will overcome your fears. Asking questions helps to relax. Visualize this experience as an opportunity to help at least three people who are ill.

Before donating, you should know...

1. **What is the first step?** You will need to give basic information such as your name, address, age, etc. You will also be asked about your medical history and then a drop of your blood will be analyzed for iron level. Your pulse, blood pressure and temperature will also be checked.
2. **How long does blood donation take?** The duration is 10-15 minutes, not including the time you will need to relax. The total process will take about 35 to 45 minutes.
3. **How will I feel after donating blood?** The majority of people feel fine, especially donors who have eaten a regular meal before donating. When you are done, drink lots of liquids within the next 24 hours.
4. **Can I donate during my menstrual period?** Yes, if you feel fine.
5. **How soon can I play sports?** Avoid muscle exercises, rough movements and heavy activities such as weight lifting or picking up objects the first 4-5 hours after the donation.
6. **What is the waiting period from one blood donation to the next?** The waiting period to donate blood is 56 days (you can donate up to 6 times per year).
7. **Are there any possibilities of contracting the HIV virus or other infections?** No. All of the materials used for the collection of blood are new and have never been used before. All of the materials are thrown away immediately after they are used.
8. Drink 8-10 glasses of water. Keep your body hydrated in preparation for loss of body fluid. Avoid coffee, alcohol or caffeinated beverages that dehydrate the body.
9. Get adequate rest. Typically you should get 6-8 hours of sleep the night before your donation.
10. Eat a hearty meal. Be sure to have a good breakfast in the morning of your donation and full meals throughout the day.
11. Include Iron rich foods in your daily diet. An iron rich diet can keep haemoglobin levels within acceptable range for donating. Consistent, long term consumption of meats, leafy green and /or other iron rich foods is the key.
12. Know the medical conditions you have and the medications you are taking. For your safety and the safety of blood recipients, donors on certain medications may be deferred or required to wait before donating. Insulin treatments for diabetes are among the unaccepted medications

The Donation Process

From registration to refreshments, the entire process of donating blood takes about an hour and includes the following six steps:

1. **Paperwork**
Each donor is given a questionnaire to fill out.
2. **Mini physical**
A Blood Bank staff member will check your blood pressure, pulse, temperature and hemoglobin level.
3. **Confidential interview**
A Blood Bank staff member will review your medical history with you.
4. **Collection**
The actual collection of blood takes only five to eight minutes. A new, sterile and disposable needle is used to draw one pint of your blood.
5. **Rest**
Remain seated for a few minutes. Drink lots of liquids to help replenish your fluids.
6. **Eat**
Be sure to have some refreshments before you leave and enjoy hearty meals throughout the day.

After You Donate

- Drinking lots of fluids (eight 8-ounce glasses) will replace the fluid volume lost in less than a day, and proteins and plasma within 72 hours. Within six weeks your red blood cells are restored.
- Eat a healthy, hearty meal.
- Leave the bandage on your arm for at least four hours and avoid strenuous physical activity for 24 hours.
- Avoid smoking for the next half hour and alcohol.
- If you feel anything out of the ordinary after you leave the Blood Bank's donor center or mobile (9811210662), immediately lie down for guidance.
- If you get sick with a cold or flu in the next few days, please call us. If you don't feel well, for the safety of the patient who may receive your blood, we will recall your pint of blood, if possible, and not use it.
- If you have any reason to believe your blood may not be safe to give to another person, please call us immediately.
- Only 5% percent of Delhi's people provide Voluntary Blood Collected, of all the blood needed by our patients.

Someone is counting on your next donation. You are eligible to donate again in twelve weeks. Before you leave, please make an appointment.

In donating blood, you are converted into a hero in many ways.

- Your donation can save the lives of up to 3 patients. These patients can have cancer, be victims of accidents, be in need of organ transplants or have chronic illnesses.
- Sometimes blood can be utilized to replace lost blood from people in life or death situations.

- Plasma, the yellow liquid portion of the blood, reduces bleeding through coagulation factors.
- The platelets that also assist in the coagulation are fragile cells that are needed by patients with leukemia and other cancers. These platelets should be transfused within the first five days after the donation.
- The red cells help to treat anemia and increases the blood's ability to transport oxygen during surgical procedures.

FEEDBACK REGISTER

Every blood bank must maintain a feedback register, which should be filled by the donors before they leave the blood bank. The feedback register must have the following columns :-

- a) Donation number
- b) Name of donor
- c) Time of leaving
- d) Overall experience of blood donation
- e) *Willingness to become a repeat voluntary donor*
- f) Signature of donor

The feedback register is a very important document because of the following reasons:

[I] The donor's signature and time of leaving are entered in the register. After a phlebotomy, the donor should remain under the supervision of the bleeding room personnel for at least 20 minutes. By noting the time of entry of the donor (i.e. the time of phlebotomy) on the donor screening form we can assess if this supervision is being adequately carried out or not. Moreover, this also helps in resolving queries under the Consumer Protection Act in case of any adverse donor reactions.

[II] The feedback register enables the blood transfusion service to analyse what percentage of replacement donors can be converted to repeat voluntary donors.

[III] The quality of the blood transfusion services can be checked and improved using the suggestions from the feedback register.

How is blood used?

Your pint of blood has the possibility of saving lives. This is how it works:

- Red cells are used during surgery or after an accident to replace the blood volume and maintain the oxygen flow in all the cells of the body.
- Plasma can be given to victims from burns and accidents to increase intravascular volume. Derivatives of plasma are used for the treatment of hemophilia and other blood diseases.
- Platelet transfusions are frequently utilized to replace platelets destroyed during chemotherapy for treatment of leukemia and other forms of cancer.

Why Donate Blood

Blood is the part of life that is given to those who need it by those who have the resource to satisfy the need. The love of fellow human and a desire to share something of oneself is what singles out a blood donor from the others. Emergencies occur every minute. For each patient requiring blood, it is an emergency and the patients could have set back if blood is not available.

Your blood donation may be even more special than you realize

A single donation from you can help one or more patients. This is possible because whole blood is made up of several useful components. These components perform special functions in your body and in the body of patients who receive your blood. The various blood components are Red Blood Cells, White Blood Cells, Platelets, Plasma and selected Plasma Proteins. Each of these components can be separated from your donated volume of blood and transfused into a specific patient requiring that particular component. Thus, many can benefit from one unit of blood.

- Blood is needed every minute
- To replace blood lost because of accidents or diseases.
- To treat shock due to injury.
- For Major & Minor surgeries including open heart surgeries, transplants etc.
- For burn victims.
- For patients suffering from Anemia.
- During child birth for the mother.
- For exchange transfusion for new born infants.
- To make blood derivatives which are used to treat medical problems.
- For children suffering from ailments like Thalassaemia, Hemophilia (bleeding disorders), Leukemia, Blood Cancer.

Some often asked questions and their answers are given below:

1. Q: What is Blood and what it's quantity in a human being?

A: Blood is the red colored fluid in a human, flowing continuously in our body in the circulatory system. Each healthy individual has about 1/12 of his body weight as blood in him. On an average about 5 - 6 liters of blood is present in every human being.

2. Q: What is the composition of Blood?

A: Blood mainly contains fluid called plasma and in this are suspended cellular elements. Three types of cells namely Red Blood Cells or RBC's, White Blood Cells or WBC's and tiny platelets form the cellular element.

3. Q: What are the functions of these components?

A: (a) Plasma: acts as a vehicle to carry many substances like glucose, fats, and proteins, enzymes etc., in addition to the cells.

(b) Red Cells: carry oxygen from lungs to various body tissues and take back carbondioxide from the cells and tissues to be thrown out of body in the form of exhaled air.

(c) White cells: are mainly acting as body scavengers and guards. They help in the immune system of the body and act as defense forces of the body killing the bacteria or any other organisms enter in the body.

(d) Platelets: help in the clotting and coagulation of blood. We have experienced in our life that whenever we get injured the bleeding stops after a few minutes. This brought about by a mechanism called clotting of blood in which platelet plays a very vital role.

4. Q: How is blood formed?

A: Blood consists of RBCs WBCs, Platelet suspended in plasma. In early embryonic life blood cells are formed in liver & spleen. But by fifth month the Haemopoiesis (i.e., formation of blood.) occurs in bone marrow and lymphatic tissues. At birth the entire bone marrow is red and active. Gradually as the child grows the marrow only in the flat bones and vertebrae remains red. The RBC, grannulocytes of WBC & platelets one mainly produce by bone marrow. The lymphocytes, monocytes, plasma cells are formed in the lymphoid and Reticulo Endothelial tissues. The orderly proliferation of the cells in the bone marrow and their release into circulation is carefully regulated according to the needs of body. Everyday in our body new blood cells are being produced in the bone marrow and every day old cells are dying and are being removed from the body.

Red blood cells have life of 120 days - that means any red cell formed in the body will live for the next 120 days and when it becomes old and senile it is thrown out. White cells for few days and platelets for a few hours. Thus daily new cells are added to the circulation and old is removed from it.

5. Q: What is Hemoglobin?

A: Hemoglobin is a substance present in the red cells. It is helpful in carrying the oxygen and carbondioxide. On an average, in a healthy male it should be between 14 – 16 Gms % and in a female it should be about 12 - 14 Gms %. This is also being daily synthesized and new one is replacing the old stock.

6. Q: What are the various blood groups?

A: Mainly every individual has two types of blood groups. First is called the ABO - Grouping and the second type is called Rh - grouping.

In the ABO - Group there are four categories namely "A" Group, "B" Group, "O" Group and "AB" Group.

In the Rh - Group either the individual is Rh-positive, or Rh-negative. Rh- is a factor called as Rhesus factor that has come to us from our ancestors called Rhesus monkeys.

Thus each and every human being will fall in one of the following Groups.

A positive or A negative

B positive or B negative

O positive or O negative

AB positive or AB negative

Although there are certain sub groups also besides some other classifications. For all practical purposes this should suffice.

7. Q: What is the importance of knowing these groups?

A: For all practical and routine purposes, it is ideal to transfuse to the patient the same group of blood, which he belongs to. It is only under very dire emergency that we take O Group as universal donor and AB Groups as universal recipient. Under no circumstances O group can get any other blood except O. Similarly A Group patient cannot be given B group blood and vice versa.

8. Q: Why is it?

A: This is due to the reason that, the blood of A Group people contains anti - B antibodies. In B group people there are anti - A antibodies. If we give A group blood to a B group patient, it is bound to be incompatible and will result in serious consequences.

9. Q: What about Rh - positive and Rh - negative?

A: A patient with Rh negative blood cannot be given Rh positive blood as the antigen-antibody REACTIONS WILL RESULT IN SEVERE consequences.

In the females who have Rh negative with their husbands being Rh positive, the first child with Rh positive may be normal; subsequently she may not conceive or may have repeated abortions. There may be intra uterine fetal death. If the child born is alive, it will suffer from a fatal disease called "Erythroblastosis Foetalis." Now mother's can be given an injection of anti-D within 24 hours of the delivery of a Rh-positive child and thus protect the next baby from this catastrophe.

10. Q: In which situations do patients need blood transfusion?

A: There are many situations which doctors' face daily in which patient needs blood to save his life. We can give him some of the plasma substitutes for the time being. But till we give blood everything becomes temporary measure.

A patient needs blood after major accident in which there is loss of blood.

No major surgery is performed without blood as there is bound to be blood loss. On an average, for every open heart surgery about 6 units of blood is required per head. In Gynecological and Obstetrics departments a lady may need large amount of blood to be transfused for saving not only

her life but also of the child that she carries in situations APH (bleeding before birth), or PPH (bleeding after birth).

For patients with blood diseases like severe Anaemias especially Aplastic Anaemias Leucaemias (blood cancer) Haemophilia (bleeding disorder), Thalassemia etc. Blood is the only hope for, living and they have to get repeated transfusions. In many cases like poisoning, drug reactions and conditions of shock, burns and many other situations, blood transfusion is the only way to save the precious human life.

To put it in a nut shell, "There is **NO SUBSTITUTE FOR BLOOD** and a patient who needs blood to save his life can only be saved if blood is transfused to him".

11. Q: What is a unit of blood?

A: Usually blood is collected either in glass bottles or in plastic bags. They contain a watery fluid, which prevents the blood from getting coagulated. On an average we draw about 350/450- of blood from a person and this blood plus the amount of anti coagulant present in the bottle or bag is known as one unit of blood.

12. Q: Can blood of animals be transfused to human beings?

A: Scientists have tried a lot but so far they are not successful. Only blood of a human being can be transfused to a human patient.

13. Q: What are the various types of blood donations?

A: There are three types of blood donors: -

(1) PROFESSIONAL DONORS - who sell their blood for money. Actually these are slurs and curse on our civilized society. Under no circumstances professional donors should be allowed to give blood. They sell their blood, which is of very poor quality and can transmit very dangerous diseases to the recipient. It is illegal to take blood from any professional donor.

(2) REPLACEMENT DONATION- The healthy relatives and friends of the patient give their blood of any groups in the blood bank. However from the stocks available in the blood bank, the required numbers of units of the same blood group as that of the patient are given. This is called as Replacement Donations.

(3) VOLUNTARY DONATION- Here a donor donates his blood voluntarily. His blood can be used for any patient even without telling his identity. This is the BEST TYPE of blood donation where motivated human beings give their blood in an act of high human selfless service--NISHKAMA SEVA.

14. Q: Does the donor suffer from any harmful effects after giving blood donations?

A: Absolutely not, rather a donor after having given blood voluntarily gets a feeling of great pleasure, peace and bliss. Soon within a period of 24 - 48 hours the same amount of NEW BLOOD gets formed in his body which helps the donor in many ways. His own body resistance improves, the circulation improves, and he himself feels healthier than before.

15. Q: Does donor need any rest after donating blood?

A: Yes. Donor needs rest for 15 - 20 minutes preferably lying down so that the amount of blood that goes into the bag soon gets poured into the circulation from the body pools in a natural way. The donor should rest for about 20-30 minutes before resuming his routine work; it takes only 3-5 minutes to take blood from a donor.

16. Q: Can a donor do his work after donating blood?

A: Of course- just after resting for 20-30 minutes the donor can resume his routine work. He should preferably avoid doing very hard work for a few hours.

17. Q: What special diets a donor should take after giving blood?

A: Immediately after resting for 15 - 20 minutes a donor is given some liquid (fluid) to take. It may be a cup of coffee or milk or fruit juice etc. along with a few biscuits or fruit. The donor needs no other special diet. With the routine balanced diet, which we take normally, the donor gets his blood replenished within 24 - 48 hours.

18. Q: Who is a healthy donor?

A: Any person within the age group of 18 - 65 years with a body weight as minimum 45 kgs, and having hemoglobin content as minimum 12 gm%.

19. Q. How frequently a donor can donate blood?

A. It takes about 6 - 8 weeks for the hemoglobin to be synthesized in the body. THREE MONTHS time should be there as a very safe interval.

20. Q. Do any diseases debar a donor from giving blood?

A. Yes, if the donor has suffered from any of the under-mentioned diseases: -

Fever: He should not have suffered from fever for the past 15 days.

Jaundice: A donor must not have his blood tested positive for AUSTRALIA ANTIGEN.

Blood transmitted diseases: Like Syphilis, Malaria, Filariasis etc., debar a donor from donating blood till he is treated and is free from them.

Drug: If a donor is taking drugs like Aspirin, anti-hypertensive, anti-diabetics, hormones, corticosteroids etc., he is unfit to donate blood.

AIDS. No person having HIV positive can be allowed to donate blood.

NOTE: (Detailed Criteria for selection and Deferral are given later in this Manual)

21. Q. Do you test the blood before transfusion?

A. Yes. We screen every donor's and every patient's blood for AIDS, VDRL, jaundice (HBsAG, HCV), malaria etc. with most modern techniques before any blood is issued from our blood bank.

Transfusion Reactions

1. Febrile (Fever) or Pyrogenic reactions within 1 to 24 hours.
2. Allergic reactions.
3. Haemolytic reactions-this is severe and some times fatal (death).
4. Transmission of diseases-syphilis, jaundice, malaria, AIDS etc.
5. Cardiac over load.
6. Electrolytic reactions. e.g.:
 - a) Too much citrate leads to calcium depletion which results in tetany, bleeding etc.
 - b) Potassium intoxication - Hyper Kalemia.
7. Hemorrhagic reactions due to massive transfusion.
8. Transfusion Siderosis (Iron excess)
9. Thrombophlebitis
10. Iso- sensitization.
11. Rarely - Air and fat embolisms

TRANSFUSION WITH INCOMPATIBLE BLOOD {MISMATCHED BLOOD}

The symptoms begin only after a few ml. of blood has been given:

1. Patient complains of shivering, restlessness, nausea, and vomiting. Precardial and lumbar pain.
2. Cold, clammy skin with cyanosis.
3. Pulse rate increases, respiratory rate increases. Temperature increases to 38° to 40° C. [101° to 105° F].
4. B. P. falls and patient passes into a state of shock.
5. Haemoglobinaemia, haemoglobinurea (urine turns red); Oliguria (urine becomes scanty or the urinary output is reduced) and Anuria (total output of urine becomes 200 ml. a day)
6. Jaundice appears after a few hours and in some cases anuria persists and uremia develops. This may lead to death.

22. Q. How long can the blood be stored?

A. The whole blood can be stored up to 35 days, in CPDA anti coagulant solution in refrigerated condition at 4° - 6° C. But actually the demand is so much that hardly blood remains stored for so long period and is used much before expiry.

23. Q. Can we separate blood into its components?

A. Yes! Now with technical advancement, we can make components of the blood and store them. For example, plasma can be separated from the whole blood and stored up to 1 year in frozen state at - 30°C labeled as FRESH FROZEN PLASMA. Similarly other components like Platelet Rich Plasma; Platelet Concentrate (can be stored as a life saving measure up to 5 days now at 20°- 24°C in a platelet incubator and agitator); Cryoprecipitate (which is very useful in treating bleeding disorders due to the deficiency of factor VIII and IX); Factor VIII and IX; Albumin, Globulin and many others.

Truly speaking these days in good blood banks 100 % blood collected is converted into components and stored. The patients may not require whole blood for example a patient whose hemoglobin is low and is thus anemic may just require Packed Cells i.e. only red cells or a patient with burns may need more of plasma than cells; or a patient with hemophilia may just require factor VIII.

Thus component therapy has revolutionized the blood transfusion services all over the world.

Now with the advent of Cell- separators we can draw a particular component from the donor directly and rest of the constituents go back to the donor. Such a facility exists in our blood bank .

24. Q. Are there some other benefits of blood donation?

A. Yes see what a noble selfless service it is. It gives the donor a feeling of joy and contentment. Also this Liquid Love creates the feeling of Fatherhood of God and Brotherhood of Mankind as blood knows no caste, color, creed, religion or race, country continent or sex.

What can be a better example of Human Integration through Service (SEVA)?

It is estimated that the requirement of Blood in Delhi falls short by 150,000 units each year and this will go up with the increasing influx of people into the city. The Mission statement is “**Blood donation leads to healthy life...**”

Why donate Blood:

1. Blood has no substitute.
2. Blood cannot be manufactured synthetically.
3. Blood is required round the clock to save human life.
4. Annual requirement in Delhi is 500,000 units.
5. Blood from paid blood donor is unhealthy and risky.

Benefit to Donors:

- Donor card which is valid for one year.
- Reports for HIV I & II, Hepatitis –B (Both Surface antigen and Core Antibody), Hepatitis- C, VDRL and Malaria.
- Reports of Nine Haematological Parameters of Blood (CBC).
- Souvenir
- **Medical Benefits:**
- Blood taken is regenerated in the body within 24 Hrs. and the new Blood has better quality.
- People who are regular donors are least prone to suffer from: High Blood Pressure, Heart attacks, CVA, Cancer and several other diseases.
- Regular voluntary donors are better equipped to handle stress.

Donating blood is safe and simple. It takes approximately 10-15 minutes to complete the blood donation process. Any healthy adult between 18 years and 60 years of age can donate

blood. This is what you can expect when you are ready to donate blood:

- You walk into a reputed and safe blood donation centre or a mobile camp organised by a reputed institution.
- A few questions will be asked to determine your health status (general questions on health, donation history etc). Usually you will be asked to fill out a short form.
- Then a quick physical check will be done to check temperature, blood pressure, pulse and haemoglobin content in blood to ensure you are a healthy donor.
- If found fit to donate, then you will be asked to lie down on a resting chair or a bed. Your arm will be thoroughly cleaned. Then using sterile equipments blood will be collected in a special plastic bag. Approximately 350 ml of blood will be collected in one donation. Those who weigh more than 60 Kg can donate 450 ml of blood.
- Then you must rest and relax for a few minutes with a light snack and something refreshing to drink. Some snacks and juice will be provided.
- Blood will be separated into components within eight hours of donation
- The blood will then be taken to the laboratory for testing.
- Once found safe, it will be kept in special storage and released when required.
- The blood is now ready to be taken to the hospital, to save lives.

Pre Blood Donation Counseling:

Pre Donation Counseling is one of the important steps to ensure safe blood collection, free from any transfusion transmitted infections. The procedure involves the followings:

☐ Education and information to the donors about the signs and symptoms associated with HIV infections and AIDS and also of the high risk activities for HIV transmission

☐ To impress on the donors the importance of refraining from donating blood if they have engaged in the high risk activities or if they have experienced the signs and symptoms associated with HIV infections

☐ To provide information to the donors of the various tests which will be performed on their blood for detection of HIV 1, HIV 2, Hepatitis B, Hepatitis C, Syphilis etc.

- To obtain the donors consents for the test as well as their willingness to know adverse results if any.

If any of the tests for infectious diseases is reactive, the donor is called again, a fresh sample of blood is obtained and re-tested using either a different kit or by a different method for confirmation of the results. OR The donor is suitably informed and referred to a VCTC for getting Confirmation done as Blood Bank undertakes only Screening Tests on Donor's Blood.

Counseling of the donors who have tested Seroreactive for Hepatitis B, Hepatitis C or Syphilis is done by our Blood Transfusion Officer, where as donors tested positive for HIV are referred to VCTC centres for counseling as per the norms led down by State Blood Transfusion Council. Confidentiality is maintained throughout the process.

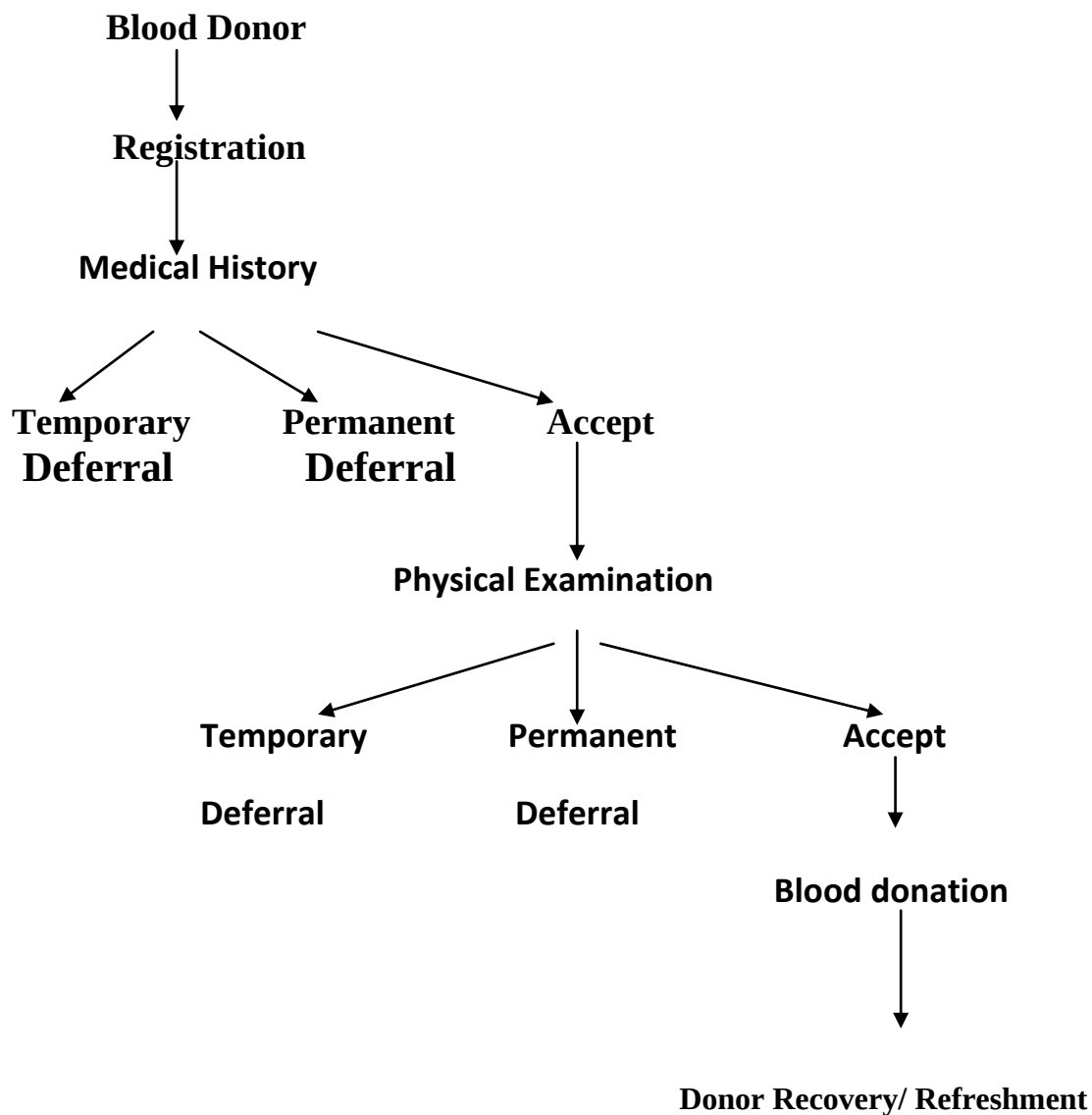
The following advice and information are imparted to the donors during counseling

- ☐ Although they are not suffering from the active diseases themselves but they are harboring the infection in their blood and can transmit it to others
- ☐ They should take to precautions to prevent infection to others such as sharing their shaving blade/razor, scissors, nail cutters, tooth brush etc. They should permanently refrain from any further blood donation in future.
- ☐ Advise regarding test and protection of the family.
- ☐ To know the present status of the diseases in themselves, they are advised to consult a gastro-enterologist who will perform liver function tests as well as other investigations and may prescribe anti-viral drugs.



FLOW CHART OF FUNCTIONS OF MISSION JAN JAGRITI BLOOD BANK

CHART – I (DONOR PROCEDURE)



Note:

(Total time taken for Donor Process is about 30 minutes from the time of arrival of Donor)

Guidelines for referring the donor to blood centre:

1. Timing of blood donation will be 24 x 7
2. Certain categories of donors called Captive donors, such as servants working in a household are not safe donors.
3. Before referring the blood donor to the blood centre, ensure that the donor is in good health and in the age group of 18 to 60 years. Detailed medical history and physical examination will be conducted at the blood centre Details of donor selection criteria can be obtained from the Blood Centre
4. There is no restriction on the ABO group of the blood donor. All blood group donors are welcome.
5. After blood donation, donors are given a Alpha numeric bar-coded Donor card, which should be retained, if Blood is required.
6. The voluntary card is valid for one year from the date of donation.
7. Blood Bank staff will be encouraged to become Regular, Repeat Voluntary Donors

Component of informed consent

- 1 An explanation of donation process.
- 2 Statement that tests will be performed on the donor's samples to prevent infectious disease transmission including HIV.
- 3 A statement that there is time interval early in infections during which test for infectious disease may be negative. (Window period)
- 4 A statement that if the donor's sample is positive for infectious disease markers the donors name will be placed on a confidential donor registry. Blood unit will be discarded as per the norms following universal precautions.
- 5 A statement that the donor has understood the interview and screening process, has had adequate opportunity to ask questions of the entire procedure, and has had opportunity to refuse consent.

Referral of Plateletpheresis donor:

Single Donor Aphaeresis Platelet products are prepared by the use of Cell Separators. SDP are commonly required for the patients who are likely to receive platelets for long time such as BMT recipient or ALG in Aplastic Anaemia.

1. While every effort will be made to arrange Voluntary Donors for plateletpheresis the primary responsibility for arranging donors, rests with the Consultant in charge of the case.
2. Timing for apheresis: 24 Hours 7days
3. Plateletpheresis donor:
 - Plateletpheresis donors should be ABO and Rh matched and they are pre – screened for transfusion -transmitted infections.
 - Relatives and friends of the patient may be sent to the blood center at least before the procedure for evaluation. The Nursing Executive /Technical executive will draw the blood sample from the donor for ABO, Rh and TTI screening. The report will be communicated to the Donor.
 - When donors are referred to the blood center for evaluation, they should carry a Requisition Form containing the name and the CR number of the patient.

- ABO and Rh matched and TTI screened plateletpheresis donor will be kept reserved for the procedure.

Autologous preoperative / predeposit procedure:

“An Autologous donation is a donation by the intended recipient of his or her own blood or component for a possible subsequent transfusion.”

Patients wanting surgery may explore the possibility of predeposit donation with their physician. The major justification for this type of donation is the anticipated need for at least one unit of blood during or after the procedure. Autologous donation not only eliminates the possibility of transmitting infectious diseases but also eliminating the risk of alloantibody production leading to graft versus host reaction.

Indications for Autologous Transfusion:

- To prevent transfusion transmitted diseases.
- To provide a stockpile of rare blood type.
- To prevent alloimmunization in the recipient.
- To protect patient with history of previous severe transfusion reactions.
- To permit transfusion availability to patient whose religious beliefs prohibit blood transfusion?
- To maintain blood supply in isolate and remote communities.
- To provide maximum customer service to the informed patient.

Procedure for Autologous Preoperative Donation:

Autologous donation requires the consent of the patient, the patient's Physician and the Blood Bank Medical Officer.

The patient's physician and blood bank Consultant will work together in reviewing the patient's prospective transfusion needs versus the medical risk of donation.

Patient's physician will determine how many units are needed for the pending surgery. It is possible that careful monitoring of the patient and utilizing an iron supplement, five to six unit of autologous blood can be drawn from that patient in the month prior to surgery, the last one being drawn no later than 72 hours before the scheduled surgery.

Patients who would generally not be candidates for autologous donation include those who have suffered Myocardial Infarction in past three months or who have Congestive Heart Failure, Aortic Stenosis, Significant Ventricular Arrhythmias, or Marked Hypertension.

Bacteria such as **Citrobactor, Yersinia, Pseudomonas, Escherichia** and other can proliferate in the stored blood at 1 to 6°C without causing visible hemolysis of the red cells. Transfusion of these products back to the patient can cause severe and some time fatal septic reaction. For this reason patients with bacteremia or patients who are febrile with an acute localized infection are not acceptable for autologous donation.

Patient who is febrile or on antibiotic for a localized infection may be a candidate for autologous donation at end of the antibiotic course or after being a-febrile for 72 hours.

Criteria for predeposit autologous donation:

- Hemoglobin: acceptable at 11 gm / dl or 33% hematocrit or higher.
- Age: no upper or lower age limit but it is better to restrict the procedure if the age of donor is >70 years.
- Weight: no minimum weight. If the patient's weight is <45 kg adjustment of amount of blood

drawn should be done prior to drawing. If <300 ml blood is to be drawn the amount of anticoagulant must also be adjusted.

- Frequency of donation: no more than every three days. Not less than 72 hour before scheduled surgery.
- If the duration is <72 hours before scheduled surgery, it is better to do actual phlebotomy procedure in OT prior to surgery with ready access to emergency room equipment and personal. The blood bank personal will perform the phlebotomy on Physician's request.

Problems associated with autologous preoperative donation:

- Possibility of phlebotomy induced anaemia and hypovolemia.
- Increased cost for the autologous products compared with allogenic products.
- Risk of possible adverse reactions occurring during the donation process.
- Serious consequences that could occur if the incorrect unit is reinfused through a clerical error.

AUTOLOGOUS BLOOD DONATION

Name _____ Age / Sex _____

CR No _____ Ward / Bed _____

Hospitals Name _____

Consultant _____

Diagnosis _____ Type of Surgery _____

Day / dates Units are to be drawn

1) _____

2) _____

3) _____

Signature

(Consultant)

INFORMED CONCENT

I have read and understand the “facts about autologous blood transfusion”

Furnished to me before I signed to this document. My physician has explained the pre deposit autologous transfusion procedure to me, and I understand the advantages and disadvantages of this form of blood transfusion.

I request the MJJ blood bank, to draw blood from me for my use. I understand that the hospital blood bank will charge a fee for this service, whether I use the blood or not. I acknowledge that this procedure is a form of treatment by my physician.

If I have no need for my blood in the course of the above mentioned treatment, and if the blood is then suitable for use by others, I authorize the blood bank (hospital blood bank), after having first consulted my physician, to regard it as a blood donation, and to use it for the benefit of other patient.

Signature _____ **Date** _____

Witness _____

Fresh Blood:

- One unit of fresh whole blood from healthy blood donor contains at least 3.5×10^{10} platelets depending upon donor's pre donation platelet count. In a unit of whole blood platelets remain functional only at room temperature ($22^{\circ}\text{C} \pm 2$), while whole blood unit is to be kept at $2-6^{\circ}\text{C}$ within six hours of collection for the functional viability of red cells. Therefore, transfusion of fresh whole blood unit should be completed before refrigeration, if the indication of transfusion is Thrombocytopenia.
- It is preferable to have donation one or two hours prior to transfusion.
- Send consent form for urgent screening duly filled and signed by clinician.

NOTE: - One or two units of fresh whole blood do not provide significant amount of platelets so that patients cannot get much benefited.

Pediatric Unit:

- Pediatric units are prepared from stored blood with the help of Pentabags or sterile connecting device. Follow the general guidelines for referring the donor to blood center (page 7).
- Payment for the extra bag will be borne by the patients
- Besides this, extra charges of copper wafer used in sterile connecting device will be charged from patients account.



INFORMATION TO DONORS

jDrnkrkvksa dks tkudkjh

AIDS HIGH RISK GROUP

,Ml mPp tksf[ke xzqi jDrnkrk

(BLOOD DONORS)

The members of high risk groups for Acquired Immune Deficiency Syndrome should be asked to refrain voluntarily from donating blood as follows:

,Dok;ZM bZE;wu MsfQfl;sfla flUMzkse ds fy, mPp tksf[ke xzqi lewgksa ds lnL;ksa ds :Ik esa jDrnku ls LosPNk ls cpuk iwNk tkuk Pkfg,

1. Donors should be given "Information for Donors about AIDS" to read.

1& jDrnkrkvksa dks ,Ml ds ckjs esa tkudkjh nsuh pkfg,

2. If the donor feels he/she does not qualify for any of the reasons listed they may leave and no papers need to be signed.

2& ;fn jDrnkrk eglwl djrk ;k djrh gS fd fdllh Hkh dkj.ko2k mls jDr ugha nsuk pkfg;s rks og tk ldrk gS ,oa mls gLrk{kj djus dh vko2;drk ugha

3. If the donor does qualify, the "Donor Acknowledgement-Blood Donor" form should be presented orally to the donor. Both the donor and interviewer must sign the form.

3 & ;fn jDrnkrk jDrnku ds fy;s ;ksX; gS rks ^jDrnkrk Lpd`fr QkZe * mls fn;k tkuk pkfg;s rFkk jDrnkrk ,oa iathdjrk dks gLrk{kj djus pkfg;sa

4. After donation, the donor should complete, sign and return (in a sealed envelope) the "Confidential Statement" (for Blood Donors).

4& jDrnku ds ckn jDrnkrk dks ^xksiuh; nLrkost-* ij gLrk{kj djds mls ,d fyQkQs esa cUn djds okfil ns nsuk pkfg;s

BLOOD DONORS INFORMATION FOR DONORS ABOUT AIDS AND HIGH RISK BEHAVIOR

,Ml ,oa mPp tksf[ke Hkjs rjhdksa ds ckjs esa jDrnkrk dks nh tkus okyh tkudkjh

WHAT IS AIDS?

,Ml D;k gS \

AIDS or Acquired Immune Deficiency Syndrome is a condition in which the body's normal defense mechanisms against certain diseases are reduced. As a result, patients often develop unusual infections such as Pneumocystis pneumonia or a rare form of skin cancer, Kaposi's sarcoma. The disease is caused by a virus transmissible through blood.

,Ml ;k ,Dok;ZM bZE;wu MsfQfl;sfla flUMzkse ,d ,slh n2kk gS ftlesa 2kjhj ds j{kk djus okyh izfd`;ka, dbZ fcekfj;ksa dh j{kk djus ds fy, de gks tkrh gSa k dkj.ko2k ejhtk-sa esa vDlj U;weksfllfVI U;weksfu;k tSlh bUQSD2ku ;k dksLdh lkjdksek tSlk peM-h dk dSalj gks ldrk gS k ;g chekjh ,d okf;jl ls gksrh gS tks jDr ls QSyrh gS k

WHO IS AT RISK?

Tk-ksf[ke ij dkSu gS \

It is known that certain groups of individuals are at a high risk of contracting the disease. These include:

;g fofnr gh gS fd dqN lewg ds yksx bl chekjh dks viukus ds fy, vf/kd t-ksf[ke ij gksrs gSa k buesa 2kkfey gSa&&

- Those with symptoms and signs possibly suggestive of AIDS (unexplained weight loss, night sweats, blue or purple spots on or under the skin or mucous membranes, swollen lymph nodes longer than one month, persistent white spots or unusual blemishes in the mouth, temperature over 100.5° F for more than 10 days, persistent cough and/or shortness of breath, persistent diarrhea.)
- ftu yksxksa esa ,Ml ds y{k gksus dh vk2kadk gks tSlh dh %
- 1& ot-u dk ?kVuk
- 2& jkr dks vf/kd ilhuk vkuk

- 3& 99 fMxzh ;k vf/kd cq[kkj vkuk
- 4& uhys ;k tkeqfu jax ds peMh- ij fu2kku
- 5& eqga ds Hkhrj yEcs le; ls lQs-n fu2kku
- 6& 1 eghus ls T-;knk lwth gqbZ xzafFk;ka
- 7& 1 eghus ls T-;knk le; rd bykt ds ckot-wn nLr gksuk

- **Persons who have had sex with anyone who has had AIDS.**

- ftlus ,Ml ds ejht- ds lkFk laHkksx fd;k gks
- **Any male who has had sex with another male since 1977. This includes even those individuals who have had only a single homosexual experience and may not regard themselves as homosexual or bisexual.**
- 1977 ds ckn ;fn fdlh iq:2k us fdlh vU; iq:2k ls laHkksx fd;k gks k pkgS ,d ckj gh fd;k gks vkSj oks vius vki dks laeySfxd u le>rs gksa k
- **Persons who have AIDS or have had a positive test for the AIDS virus.**
- ;fn vki dHkh Hkh ,p vkbZ oh &1 rFkk 2 ds fy, ikft-fVo ik, x, gSa\
- **Present or past abusers of intravenous drugs.**
- ;fn dksbZ O;fDr Lo&Vhdkdj.k u2khyh nokbZ;ka ysrk Fkk ;k gS
- **Female or male persons engaged in sex for money or drugs anytime since 1977 and persons who have engaged in sex with such people during the preceding 12 months.**
- 1977 ls dksbZ iq:2k ;k L=h us ;fn iSlS';k u2khyh nok;ksa ds fy, fiNys 12 eghus esa lSDl esa lafyIr gksa k
- **Persons with hemophilia or other bleeding disorders who have received clotting factor concentrates.**
- ;fn fdlh O;fDr dks fgeksfQfy;k @ jDr L=ko dh chekjh gS vkSj ,.Vh& fgeksfQfyd bZykt- djok;k gS
- **Persons who have had, or have been treated for, syphilis or gonorrhea during the preceding 12 months.**
- ;fn fdlh O;fDr us fiNys 12 eghus esa flfQfyl ;k xuksfj;k dk bZykt djok;k gS
- **Persons who have had sex with individuals in any of the above categories during the preceding 12 months.**

- ;fn fdlh O;fDr us fiNys 12 eghus esa mijfyf[kr fcekfj;ksa ls ihfM-r fdlh O;fDr ls laHkksx fd;k gks
- **Persons who have been a victim of rape during the preceding 12 months.**
- ;fn dksbZ L=h nqZHkkX;o2k fiNys 12 eghus esa ckykRdkj ls ihfM-r gqbZ gS
- **Persons who have had direct contact with blood or body fluids (e.g. health care workers contact through needlestick injury, open wound, non-intact skin or mucous membranes) during the preceding 12 months.**
- ;fn dksbZ O;fDr fiNys 12 eghus esa lqbZ yxus ls t-[e@ [kqyh pksV@ QVh peM-h gksus ij [kwu ;k ftLe ds vU; nzO;ksa ds lEiZd esa vk;k gks tSlS LoklF; dehZ

WHAT DO AIDS HAVE TO DO WITH YOUR BLOOD DONATION?

,Ml dk jDrnku ls D;k lacU/k gS \

Since AIDS can be transmitted through blood transfusions, we ask that you voluntarily refrain from donating blood at this time if you are a member of a high risk group as indicated above. You will be provided an opportunity to excuse yourself from donation without revealing that the reason is related to AIDS. We appreciate the time and effort involved in making a trip to the Blood Bank and hope that all donors will recognize the necessity of the voluntary screening procedures and the "Confidential Self-Exclusion" process which have been instituted to protect the recipient of your donation.

D;ksafd ,Ml [kwu ls QSyrh gS] blfy;s ge vkils vuqjks/k djrs gSa fd ;fn vki mijfyf[kr fdlh mPp tksf[ke xzqi lewgksa ds lnL; gSa rks d`I;k Lo;a gh jDrnku ls xqjst- djsa k vkidks ekSdk fn;k tk,xk fcuk crk, vki Lo;a dks ,Ml lacf[kr dkj.ko2k jDrnku ugha djuk pkgrs k ge vkids vkHkkjh gSa ,oa iz2kalk djrs gSa fd vkus le; fudky dj CyM cSad vkus dk d2V fd;k k gesa vis{k k gS fd jDrnkrk ^xksiuh; Lo% cfg2kdj.k * dks ekU;rk nsaxs tks fd ejht- ds fgrksa ds QyLo:Ik rS;kj fd;k x;k gS k

BLOOD BANK TESTING FOR HIV, HEPATITIS AND HIGH RISK BEHAVIOR

,p vkbZ oh] gSisVkbZfVl rFkk mPp tksf[ke O;ogkj ds fy, CyM cSad esa dh ykus okys ijh{k.k

All donated blood is tested for antibodies to the AIDS virus (HIV), hepatitis B virus surface antigen (HBsAg), antibodies to the hepatitis C virus (HCV), other viruses and syphilis. These tests will help assure a safe blood supply. Donors with positive results will be notified by letter within 4 weeks of their donation and requested not to donate blood or plasma in the future. The donor's name will be entered on a list of deferred donors and the positive test results reported to the Department of Health, as required by law.

IHkh nku fd;k x;k jDr ,Ml okbZjl && ,p vkbZ oh] gSisVkbZfVl ch ljQsl ,f.Vtu] gSisVkbZfVl lh ,.VhckMht-] flfQfyl ds fy, VSLV fd;k tkrk gS k ;s VSLV lsQ jDr LiykbZ esa ennxkj gksrk gS k ftu jDrnkrkvksa dk dksbZ Hkh VSLV ikft-fVo vk, rks 4 lhrkg esa mUgs lwfpr fd;k tk,xk vkSj vuqjks/k fd;k tkrk fd os jDr ;k Iykt-ek nku u djsa k jDrnkrk dk uke cfg2kdj.k jDrnkrkvksa dh lwph esa nk[ky fd;k tkrk gS rFkk dkuuuu gSYFk fMikZVeS.V dks lwfpr fd;k tkrk gS k

If your main reason for donation is to have the HIV antibody test performed, we request that you do not donate blood. HIV antibody testing can also be obtained from your physician or ICTC Centre. Obtaining the test through a blood donation may endanger a patient's life since some individuals may be capable of transmitting the HIV virus even though they are antibody negative.

;fn vkidk eq[; m|s2k ,p vkbZ oh dk VSLV djuk gS] rks ge vkils vuqjks/k djsaxsa fd vki d`I;k jDrnku u djsak ,p vkbZ oh dk VSLV vki vius MkDVj ;k vkbZ lh Vh lh lSaVj esa djok ldrs gSa k jDrnku djds bl VSLV dks djokuk fdlh ejht- ds fy, [k-rjk gks ldrk gS D;ksafd dqPN yksx ,p vkbZ oh dks QSyk ldrs gSa ;|fi muds urht-s usxsfVo gks ldrs gSa k

WHOLE BLOOD DONOR MEDICAL HISTORY

jDrnkrk dh jDrnku ds fy, esfMdy fgLVjh

NOTE: Exceptions to the Donor Medical History requirements are made for Autologous Donors. See "Autologous Blood Donation Processing and Pretransfusion Testing" procedure. If uncertain whether a requirement is applicable to an Autologous Donor, consult the Blood Transfusion Officer

uksV% Lo&jDrnku ds fy, jDrnkrk dh jDrnku ds fy, esfMdy fgLVjh esa dqN NwV nh tk ldrh gS k Lo&jDrnku ds rjhds dks nsf[k, k ;fn dksbZ 2kd gks rks jDrnku dsUnz ds esfMdy vQlj ls ijke2kZ djsa k

- A. The donor must complete a Donor Registration Card at the time of each donation.

,% jDrnkrk gj ckj jDrnku djus ls igys jDrnkrk iathdj.k dkMZ Hkjsxk k

- B. At the interview desk, the Donor Registration Card is reviewed carefully by a nurse or qualified technologist. In addition to the written questions on the Donor Registration Card, the interviewer should ask the donor some leading questions helpful in determining suitability of the donor, such as:

**bZUBjO;w MSLd ij ulZ ;k rduh2kh;u jDrnkrk iathdj.k dkMZ dks /;ku ls iM-rk gS k fy[ks gq, iz2uks ds bykok jDrnkrk ls lh/ks iz2u iwNs tkrs gSa rkfd ;g tkuk tk lds fd D;k jDrnkrk ls jDr ysuk lgh gS **

1. Are you in good health? Donor must state that he/she is in good health.

1% D;k vki lsgrean gSa \ jDrnkrk lsgrean gksuk pkfg,

2. Have you been ill or under a physician's care? Why?

**2% D;k vki vLOkLFk jgs gSa ;k bykt djokrs jgs gSa \ ;fn gka rks D;wa **

3. Are you taking any medication? What? Why?

**3% D;k vki dksbZ nokbZ rs jgs gSa \ ;fn gka rks dkSulh vkSj D;wa **

4. Have you ever donated blood? When? (For repeat donors: Have you donated blood since you were here last? Did you ever have a reaction to a donation? Describe.)

4% D;k vkus dHkh jDrnku fd;k gS \ ;fn gka rks dc \ D;k vkidks jDr nsus ds ckn dksbZ rdyhQ- gqbZ gS \ ;fn gka rks O;[;ku dfj,

5. Have you ever been rejected as a blood donor? When? Why?

**5% D;k vkidks jDrnku djus ls euk fd;k x;k gS \ ;fn gka rks dc vkSj D;wa **

6. Did you ever receive blood products? When? Why?

6% D;k vkidks dHkh jDr yxk gS \ ;fn gka rks dc vkSj D;wa \

7. Have you ever had hepatitis or jaundice? Have you been exposed to a person with hepatitis? When?

7% D;k vkidks dHkh gSisVkbZfVl ;k ihfy;k gqvk gS \ ;k vki fdlh ,sls O;fDr ds laEc/k esa jgs gSa ftls ihfy;k gqvk gks \ dc \

EVALUATION

ewY;kadu

1. ABORTION

a. Six week deferral.

1% xHkZikr&&&& 6 llrkg cfg2dj.k

2. ACCUTANE (ISOTRETINOIN)

One month deferral from last dose

2% ,D;wVsu &&&& vkf[kj Mkst- ds 1 eghus rd cfg2dj.k

3. ACNE AND/OR MEDICINE FOR ACNE

No cause for deferral except for Accutane as noted above.

3% eqgakls&&&& cfg2dj.k ugha flok, 2

4. ACUPUNCTURE

If performed with sterile equipment by a qualified individual - no deferral.

Twelve month deferral if NOT performed with sterile equipment by a qualified individual OR if sterilization procedure cannot be determined

4% ,D;wiapj

% ;fn ,d ;ksX; O;fDr }kjk cka> midj.kks }kjk fd;k x;k gks rks cfg2dj.k ugha k

% 12 eghus dk cfg2dj.k ;fn ,d ;ksX; O;fDr }kjk cka> midj.kks }kjk ugha fd;k x;k gks

5. ADULT T-CELL LEUKEMIA/LYMPHOMA (HTLV I/II)

Present or past clinical laboratory evidence of infection – permanent deferral.

5% ,sMYV Vh lSy Y;wfdfe;k& fyeQksek ,p Vh ,y oh & 1%2 orZeku ;k fiNys ladze.k ds uSnkfud iz;ksx2kkyk lcwr LFkkbZ cfg2dj.k

6. A.I.D.S.

Present or past clinical or laboratory evidence of infection permanent deferral.

See the following procedures:

- a. *"Information for Donors about A.I.D.S."*
- b. *"A.I.D.S. High Risk Group"*
- c. *"Donor Acknowledgement"*
- d. *"Confidential Letter"*

6% ,MI

& orZeku ;k fiNys ladze.k ds uSnkfud iz;ksx2kkyk
lcwr LFkbbZ cfg2dj.k

& fuEu dk;Zfof/k;ka ns[ksa%

& ,MI dh jDrnkrkvksa dks tkudkj

& ,MI mPp tksf[ke xzqi jDrnkrk

& nkrk ikorh

& xksiuh; i=

7. ALCOHOL ABUSE

Deferral until six months following cure if donor does not have chronic liver disease.

7 % 2kjk lsou

& cfg2dj.k ds :i esa6 ekg ds bykt dk ikyu vxj jDrnkrk
th.kZ ftxj dh chekj ugha gS tc rd

8. ALCOHOL CONSUMPTION

--It is recommended a donor abstain from alcoholic beverages for at least 24 hours prior to donation; however, this does not necessarily defer a donor unless #2 applies.

--Obvious signs of alcohol intoxication or habituation are cause for deferral.

8% 2kjk lsou

& ;g flQkfj-2k dh tkrh gS fd ,d nkrk us nku djus ls igys
de ls de 24 ?k.Vs rd 2kjk dk lsou u fd;k gks

& 2kjk ds u2ks ;k vknr dh yr gks rks cfg2dj.k djuk
t:jh gS k

9. ALLERGY

Acute symptomatology - deferral until 24 hours after asymptomatic and normal activities resumed.

No symptoms, but on medications for allergy - acceptable if medications do not disqualify donor (See "Donor Medication List").

9 % ,ythZ

& rhoZ y{k&24 ?k.Vs dk cfg2dj.k vFkok tc rd y{k lekIr ugha gks tkrs

& ;fn dksbZ y{k ugha vkSj jDrnkrk nokbZ ys jgk gS ftlds dkj.k cfg2dj.k dh t:-jr ugha && d`I;k jDrnkrk dh nok lwph ns[ksa

10. ANTIBIOTICS

Oral medications - deferral for 48 hours and infection cleared.

Long-acting injections - deferral for one month and infection cleared.

Acne medication - no deferral except Accutane which necessitates a one month deferral.

Investigate reason antibiotics required - may be cause for deferral.

10 %& ,.Vhck;kafVd

& ekSf[kd nok,a & 48 ?k.Vs dk cfg2dj.k vkSj ladze.k lkQ gks x;k gS

& yEch vfof/k bUtSd2ku & 1 ekg rd cfg2dj.k ;k ladze.k lkQ gks x;k gS & eqgkalks dh nokbZ& d`I;k u0 2 vkSj 3 ns[ksa

& ,.Vhck;kafVd ysus dk dkj.k & cfg2dj.k dk dkj.k gks ldrk gS

11. ARTHRITIS

Inactive - no cause for deferral.

Active, mild - no medications - no cause for deferral.

Active, moderate or severe - evaluated by Blood Transfusion Officer.

11 % tksM-kas dk nZn &

& fu2kfdz; & cfg2dj.k dk dkj.k ugha
& lfdz; vkSj ekewyh % dksbZ nokbZ;ka ugha & cfg2dj.k dk
dkj.k ugha
& lfdz; vkSj rhoz& CyM cSad fpfdRLkd }kjk ewY;kad.k &

12. ASPIRIN OR ASPIRIN CONTAINING DRUG INGESTION WITHIN THREE DAYS OF DONATION

No cause for deferral unless reason for ingestion is cause for deferral.

(Indicate on donor bag that donor took aspirin so the unit is not used to prepare a platelet concentrate.)

Temporary deferral if donor is for a plateletpheresis or plateletleukapheresis donation.

12%& ,fLfizu ;k ,fLfizu ;qDr nokbZ;ka

& cfg2dj.k dk dkj.k ugha

& jDr FkSyh ij fy[k nhft, fd bl jDr ls IysVySVI er cuk;sa

& vLFkbbZ cfg2dj.k ;fn jDrnkrk IysVySVvQSfjll ;k
IysVySVY;wdkvQSfjll ds fy, vk;k gS

13. ASTHMA

Same rules as for allergies.

13 % & nek & ,yZth tSls fu;e

14. BABEOSIS (TICK BITE)

Past history - permanent deferral.

14% & csfcvksfll & iwoZ ladze.k& LFkbbZ cfg2dj.k

15. BIRTH CONTROL PILLS

No cause for deferral.

15 % & xHkZ fujks/kd xksfy;ka & cfg2dj.k ugha

16. BLEEDING DISORDERS

Evaluated by the Blood Bank Physician.

If clotting factor concentrates are used - permanent deferral.

16 % & jDr&L=ko chekfj;ka&& CyM cSad fpfdRLkd }kjk ewY;kad.k& ;fn nkrk FDds dkjd dkUluVzsV bLreky djrk gS rks LFkkbZ cfg2dj.k

17. BLOOD DISEASES

Evaluated by the Blood Transfusion Officer

17 % & jDr lacf/akr chekfj;ka&& CyM cSad fpfdRLkd }kjk ewY;kad.k

18. BLOOD OR BLOOD PRODUCT TRANSFUSION

Twelve (12) month deferral from the time of transfusion.

17 % & jDr ;k jDr mRikr vk/kku && 12 ekg ds fy;s cfg2dj.k

19. BLOOD OR BODY FLUID EXPOSURE

e.g. Health care workers contact through needle stick injury, open wound, non-intact skin or mucous membranes - twelve (12) month deferral.

19 % & jDr ;k 2kjhj ds rjy inkFkZ tksf[k-e && 12 ekg ds fy;s cfg2dj.k

20. BLOOD PRESSURE

See "High Blood Pressure".

20 % & mPp jDr pki && d`I;k mPp jDr pki nsf[k,

21. BRUCELLOSIS

History of infection - permanent deferral.

21 % & czwlsyksfll && iwoZ ladze.k& LFkkbZ cfg2dj.k

22. CANCER

- a. Skin cancer other than melanoma - one month deferral.
- b. Cervix - carcinoma 'in situ' treated by hysterectomy or cryotherapy - three year deferral from date of hysterectomy or conversion of pap smear to Class I or Class II.
- c. All other types of cancer - permanent deferral or evaluation by Blood Transfusion Officer.

22 % &dSalj &&

,&& peMzh dk dSalj esykuksek dks NksM-dj& 1 ekg ds fy;s cfg2dj.k

ch&& xzhok dk dSalj&;fn xzHkk2k; fudky fn;k x;k gS
;k Djkv;ks fFkjsih dh xbZ gS-&& 3 lky ds fy;s
cfg2dj.k

lh&& ckdh lHkh izdkj ds dSalj&& LFkkbZ cfg2dj.k
;k CyM cSad fpfdRLkd }kjk ewY;kad.k

23. CEREBRAL VASCULAR ACCIDENT (CVA)

Permanent deferral.

23 % efLr2d laoguh nq?kZVuk & LFkkbZ cfg2dj.k

24. CHAGAS DISEASE

24 % Nkxk chekjh& LFkkbZ cfg2dj.k

25. CHILDHOOD DISEASES (EXPOSURE IN HOUSEHOLD)

One month deferral from time of exposure.

25 % cpiu dh ?kjsyw chekfj;ka&& 1 ekg ds fy;s cfg2dj.k

26. CHOLESTEROL

High - no cause for deferral if uncomplicated.

26 % dksysLVzky--&& c<-h gksuk && cfg2dj.k ugha

27. COLD OR SORE THROAT

Deferral while symptomatic and for 24 hours after becoming asymptomatic and assuming donor has resumed normal activities.

27 % t-qdke ;k xys esa [kjk2k &tcfd izrhd vkSj Li2kksZUeq[k
cuus vkSj lkekU; xfrfof.k;ksa dks fQj ls 2kq: djds laHkkyus ds
ckn 24?k.Vs ds fy, cfg2dj.k

28. COMMUNICABLE DISEASES (MEASLES, GERMAN MEASLES, CHICKENPOX OR MUMPS)

a. Active disease - deferral for two weeks following recovery.

b. Exposure by family or other close contact (such as a dormitory population in an epidemic setting) - deferral for one month.

28 % lapkjh && chekfj;ksa [kljk] teZu [kljk] fpduikDI ;kfu
pspd ;k eell

&& lfdz; jksx&&2 lIrkgs ds fy, cfg2dj.k

&&fn ifjokj dk dksbZ lnL; jksx ls xzflr gS vkSj jDrnkrk mldss lEIzd esa vk;k gS rc 1 ekg ds fy, cfg2dj.k

29. CONVULSIONS (SEIZURES)

Occurred only as an infant (< 1 year old) due to high fever and no recurrences
- no cause for deferral.

Seizures on one or two occasions, no current medications - consult the Blood Transfusion Officer.

Other convulsions - permanent deferral.

29 % nkSjs iM-uk

&& ;fn 1 lky dh vk;q rd cq[k-kj dh ot-g ls rks cfg2dj.k ugha

&& ;fn ,d nks ckj nkSjs iMs- gSa&& CyM cSad fpfdRLkd }kjk ewY;kad.k

&& ckdH fdlH Hkh rjg ds nkSjs&& LFkkbZ cfg2dj.k

30. CORTISONE

Evaluated by Blood Bank Physician.

30 % dksjVhlksu nokbZ

&& CyM cSad fpfdRLkd }kjk ewY;kad.k

31. COUGH

Persistent - evaluated by Blood Bank Physician.

Coughing up blood - Permanent deferral unless donor presents a written consent from the donor's physician or the Blood Transfusion Officer approves donation.

31 % [kkalh&&yxkrkj && CyM cSad fpfdRLkd }kjk ewY;kad.k

&& [kkalh esa [kwu vkuk& LFkkbZ cfg2dj.k

32. DENTAL WORK

Seventy-two (72) hour deferral for extractions, root canals, infections and fillings.

Cleaning, checkup - no deferral.

32 % nUr fpfdRLk

&& 72 ?k.Vs cfg2dj.k ;fn nkar fudyok;k gS] :V dSuky
bykt ;k nkar Hkjok;k gS

33. DIABETES MELLITUS

Controlled by diet alone - no cause for deferral.

Controlled with oral hypoglycemic agents - no cause for deferral

Controlled with insulin or uncontrolled - permanent deferral.

33 % e/kqesg jksx

&& [kqjkd ls dUVzksy&& dksbZ cfg2dj.k ugha

&& ekSf[kd nokbZ;ksa ls dUVzksy&& dksbZ cfg2dj.k
ugha

&& bUlqfyu ds Vhds ls bykt&& LFkkbZ cfg2dj.k

34. DIARRHOEA

Persistent - evaluated by Blood Bank Physician.

34 % nLr

&& yxkrkj && CyM cSad fpfdRLkd }kjk ewY;kad.k

35. DIET PILLS

Deferral depends upon what the diet pills contain (See "Donor Medication List"); consult Blood Transfusion Officer. if uncertain.

35 % eksVkik ?kVkus dh nokbZ;ka && CyM cSad
fpfdRLkd }kjk ewY;kad.k

36. DIZZINESS

Deferral for 24 hours and evaluation of donor by Blood Transfusion Officer.
Regarding eligibility for future donations.

36 % pDdj vkuk&& CyM cSad fpfdRLkd }kjk ewY;kad.k

37. DRUG ADDICTION

Permanent deferral if injectable drug. (Both arms must be checked for signs of repeated venipuncture.)

Temporary deferral if orally consumed drug.

Obvious signs of drug intoxication or habituation are cause for deferral.

See "Sexual Contact".

37 % u2ks dh nokbZ;ksa dh yr

&& LFkkbZ cfg2dj.k && ;fn Lo&Vhdk] d'I;k nksuks cktw pSd djsa

&& vLFkkbZ cfg2dj.k&&;fn ekSf[kd nokbZ;ka@CyM cSad fpfdRLkd }kjk ewY;kad.k

38. EAR PIERCING

If performed with sterile equipment by an appropriately qualified individual - no deferral.

If NOT performed with sterile equipment by a qualified individual OR if the sterilization procedure cannot be determined - 12 month deferral.

38 % dku fNnaokuk

&& ;fn cka> lqbZa ls ,oa ;ksX; fpfdRld }kjk fd;k x;k gks rks cfg2dj.k ugha

39. ENCEPHALITIS

Evaluated by Blood Bank Physician. Donor may be required to present a written consent from the donor's physician indicating that there was no residual neurological damage.

39 % fnekxh cq[k-kj&& CyM cSad fpfdRLkd }kjk ewY;kad.k

40. EPILEPSY

Permanent deferral.

40 % fejxh && LFkkbZ cfg2dj.k

41. FAINTING SPELLS

May be cause for deferral. Question donor as to frequency, duration and reason - consult Blood Bank Physician if necessary.

41 % csgks2kh gksuk && CyM cSad fpfdRLkd }kjk ewY;kad.k

42. FEVERS

Typhoid, - three month deferral from the time of recovery.

Unexplained - deferral until cause is determined.

42 % cq[kkj

&& fe;knh cq[kkj && 3 ekg rd cfg2dj.k

&& ;fn dkj.k ugha irk rks rc rd cfg2dj.k tc rd dkj.k dk irk ugha py tkrk

43. FLIGHT CREWS

No cause for deferral unless scheduled to fly within two days after phlebotomy.

43 % gokbZ mM-u dzw

&& ;fn mM-ku jDrnku ds 2 fnu i2pkr gS rks cfg2dj.k ugha

44. FLU

Deferral while symptomatic and for 24 hours after becoming asymptomatic assuming donor has resumed normal activities.

44 % Qyw

&& tc rd y{k.k gksa rc rd cfg2dj.k rFkk Bhd gksus ds 24 ?k.Vs i2pkr tc jDrnjrk viuh lkekU; xfrfof/k;ka 2kq: dj ysa rks jDrnku djsa k

45. FLUORIDE

No cause for deferral

45 % QyksjkbZM

&& cfg2dj.k dk dksbZ dkj.k ugha k

46. FOOD INGESTION PRIOR TO DONATION

Recommend a donor have something to eat within four (4) hours of donation.

46 % jDrnku ls igys [kkuk

&& jDrnkrk ls jDrnku ds 4 ?k.Vs esa dqPN [kkus dh flQkfj2k dh tkrh gS k

47. FOOD POISONING

Toxin produced - deferral for one week following complete recovery.

Infections - deferral for one week following complete recovery.

47 % fo2kkDr Hkkstu && 1 llrkg ds fy, cfg2dj.k

48. GAMMA GLOBULIN INJECTION

Deferral for 12 months from time of injection.

48 % xkek Xyksfcu VhdK

&& 12 eghus ds fy, cfg2dj.k

49. GILBERT'S SYNDROME

No cause for deferral.

49 % fxycVZ fluMzkse && cfg2dj.k dk dksbZ dkj.k ugha k

50. GONORRHEA

Untreated - temporary deferral.

Treated - defer for twelve (12) months from the time the donor is "cured".
Donor must provide evidence of adequate therapy.

50 % xuksfj;k

&& ;fn bZykt ugha gqvk&& vLFkkbZ cfg2dj.k

&& ;fn bZykt gqvk gS rks 12 eghus dk cfg2dj.k vkSj jDrnkrk bZykt djkus dk izwQ nsa k

51. GOUT

Inactive, with or without medications - no deferral if medications do not disqualify donor (See "Donor Medication List").

Active - temporary deferral.

51 % xfB;k

&& ;fn fu2kfdz; && cfg2dj.k dk dksbZ dkj.k ugha] d`I;k jDrnkrk nokbZ fyLV ns[k ysa

&& ;fn lfdz; && vLFkbbZ cfg2dj.k

52. GROWTH HORMONE

See "Pituitary Growth Hormone".

52% xzksFk gkjeksu % && d`I;k fiVwVjh xzksFk gkjeksu ns[ksa

53. HEADACHE

Deferral for 24 hours or evaluated by Blood Bank Physician.

Migraine - if chronically on prescribed medication, written consent from the donor's physician is required. If taking over-the-counter medication, the donor is acceptable after a 24 hour symptom free interval.

53 % flj nZn

&& 24 ?k.Vs dk cfg2dj.k @ CyM cSad fpfdRLkd }kjk ewY;kad.k

&& ekbZxzsus&& ;fn iqjkuk gS rks jDrnkrk ds MkDVj dk fyf[kr :Ik esa gka && ;fn nokbZ yh gS rks 24 ?k.Vs dk cfg2dj.k

54. HEAD INJURY WITH PARALYSIS

Permanent deferral.

54 % flj ij pksV ,oa i{kk?kkr

&& LFkbbZ cfg2dj.k

55. HEART DISEASE

Coronary heart disease - permanent deferral.

Rheumatic heart disease with residual damage - permanent deferral.

Heart disease treated with medications - permanent deferral.

Heart murmur - evaluated by Blood Bank Physician; a written consent from the donor's physician may be required.

Other types of heart disease - evaluated by Blood Transfusion Officer.

55 % g`n; jksx

&& dksjksujh g`n; jksx&& LFkbbZ cfg2dj.k

**&&vof2k2V {kfr ds lkFk vkeokrh g`n; jksx && LFkbbZ
cfg2dj.k**

**&& g`n; jksx dk nokbZvksa ds lkFk bykt fd;k && LFkbbZ
cfg2dj.k**

**&& fny cM-cM-kgV && jDrnkrk ds MkDVj dk fyf[kr
Lod`fr i= ds ckn CyM cSad fpfdRLkd }kjk ewY;kad.k**

56. HEMOPHILIA

Permanent deferral.

56 % fgeksfQfy;k

&& LFkbbZ cfg2dj.k

57. HEPATITIS OR UNEXPLAINED JAUNDICE

History of hepatitis or unexplained jaundice - permanent deferral.

Neonatal jaundice - no cause for deferral if jaundice was so called "physiologic jaundice of newborn"; consult Blood Transfusion Officer. if uncertain.

Jaundice due to other causes - evaluated by Blood Transfusion Officer.

Hepatitis exposure:

- i. Medical or nursing staff on dialysis unit or other area commonly associated with a high incidence of hepatitis or exposure to hepatitis -- 12 month deferral from time individual no longer works in the high risk area.
- ii. Exposure to person with hepatitis (close contact) - deferral for 12 months.
- iii. Donor received Hepatitis B Immune Globulin - deferral for 12 months.
- iv. Donor received Hepatitis B vaccine - defer for two days following vaccination if donor is symptom free; reason for vaccination may be cause for deferral.

Gilbert's Syndrome - no cause for deferral.

Hepatitis B Surface Antigen (HBs Ag) presents or past confirmed positive-permanent deferral.

Hepatitis B Surface Antibody (HBs Ab) positive - acceptable if HBs Ag and HBc Ab are negative. Draw donor and have specimen tested for HBs Ag and HBc Ab.

Hepatitis B Core Antibody (HBc Ab) repeatedly reactive - indefinite deferral.

Hepatitis C Antibody (HCV Ab) present or past clinical or laboratory evidence of infection - indefinite deferral.

57 % gsisVkbFVI ;k vLif2d`r ihfy;k

&& gsisVkbFVI ;k vLif2d`r ihfy;k dk bfrgkl &&
LFkkbZ cfg2dj.k && uotkr ihfy;k && cfg2dj.k dk
dkj.k ugha@ CyM cSad fpfdRLkd }kjk ewY;kad.k

&& vU; dkj.kksa ls ihfy;k && cSad fpfdRLkd }kjk
ewY;kad.k

&& ihfy;k tksf[k-e&&esfMdy ;k uflZax LVkQ Mk;fyl
;wfuV ;k vU; gsisVkbZfVI ds fy, t-ksf[ke ds ,d mPp
?kVuk ds lkFk tqM-s {ks= ij & le; O;fDr ls 12 eghus dk
cfg2dj.k

&& gsisVkbZfVI ls xzflr ejht- ds fudV lacU/k esa
&&&12 ekg cfg2dj.k

&& jDrnkrk us gsisVkbZfVI ch ds xkek Xyksfcu ds VhdK
yxok;k gS &12 ekg cfg2dj.k

&&jDrnkrk us gsisVkbZfVI ch dk VhdK yxok;k gS&&2
fnu ds fy, cfg2dj.k

&& fxycVZ fluMzkse--&& cfg2dj.k dk dksbZ dkj.k ugha

&& gsisVkbZfVl ch ljQsl ,.Vhtu dk ikfT-fVo gksuk&&
LFkkbZ cfg2dj.k

&& gsisVkbZfVl ch dksj ,.VhckMh dk ikfT-fVo gksuk
&& LFkkbZ cfg2dj.k

&& gsisVkbZfVl lh ,.VhckMh dk ikfT-fVo gksuk &&
LFkkbZ cfg2dj.k

58. HIGH BLOOD PRESSURE

Defer if blood pressure exceeds limits established for donation.

Controlled with medication - acceptable if blood pressure is in acceptable range and no orthostatic hypotension or other complications of medication or hypertension.

If prospective donor's blood pressure exceeds 180/100, refer him/her to his/her physician.

CVA - permanent deferral.

58 % mPp jDrpki %

&& ;fn nkrk eatwjh dh lhekvska ds ckgj gS rks cfg2dj.k
fd;k tk,

&& ;fn nokbZ;ksa ds lsou ls nkrk eatwjh dh mij vkSj fupyh
lhekvska esa gS rks Lohdkj fd;k tk,

&& ;fn jDrnkrk dk CyM izS2kj 180@ 100 gks rks mls mlds
MkDVj ds ikl Hkst ns

&& efLr2d laoguh nq?kZVuk & LFkkbZ cfg2dj.k

59. HUMAN T-LYMPHOTROPIC VIRUS I/II (HTLV I/II)

Present or past clinical or laboratory evidence of infection - permanent deferral.

59 % g;weu Vh fyEQksVzksfid okbZfjl && LFkkbZ cfg2dj.k

60. IMMUNIZATIONS (VACCINATIONS)

German measles (Rubella) - deferral for four weeks after last injection.

Measles (Rubella), mumps - deferral for two weeks after last injection.

Oral Polio - deferral for two weeks after last dose.

Yellow fever, other animal serum products - deferral for two weeks after last dose.

Rabies - deferral for one year after completing course of vaccinations.

Smallpox - deferral until scab has fallen off or two weeks after an immune reaction.

Hepatitis B vaccine - defer for two days following vaccination if donor is symptom free. Reason for vaccination may be cause for deferral.

Hepatitis B Immune Globulin - deferral for one year.

Other licensed vaccines (e.g. typhoid, paratyphoid, typhus, Rocky Mountain Spotted Fever, Salk polio, cholera, plague, diphtheria, Pertusis, influenza, and tetanus.) - No cause for deferral if donor is symptom free.

Unlicensed vaccines - deferral for one year after last injection

60 % Vhdkdj.k %

&& teZu [kljk && 4 llrkg ds fy, cfg2dj.k

&& [kljk] eEil && 2 llrkg ds fy, cfg2dj.k

&&ekSf[kd iksfy;ks && 2 llrkg ds fy, cfg2dj.k

&& ihyk cq[kkj ;k vU; lhje ;qDr Vhds && 2 llrkg ds fy, cfg2dj.k && jscht- && Vhdkdj.k ds [kRe gksus ds 1 lky ckn rd cfg2dj.k

&& jDrnkrk us gsisVkbZfVI ch dk Vhdk yxok;k gS&& 2 fnu ds fy, cfg2dj.k

&& gsisVkbZfVI ch ds xkek Xyksfcu ds Vhdk yxok;k gS &12 ekg cfg2dj.k &&nwljs eat-wl2kqnk Vhds & fe;knh cq[kkj] iSjkVkbZQkbZM] VkbZQI] jkSdh ekamVsu

LiksfVM cq[kkj] lkYd ikSyh;ks oSDlhu]
vkU=2kks/k&gSt-k] Iysx] ne?kksaVw] xycUn] buQ;wySt-
ak vkSj VsVul && cfg2dj.k ds dkj.k ugha k

61. INFECTIOUS DISEASES

Donors must be free from infectious diseases known to be transmissible by blood and blood components.

Check specific diseases in this procedure for deferral requirements.

Any diseases not listed in this procedure must be evaluated by the Blood Transfusion Officer.

61 % ladzked jksx

&& jDrnkrk mu ladzked jksxkss ls foeqDr gksaxs ftudk
[k-wu ls QSyuk fofnr gS k

&& cfh2dj.k ds fy, mu jksxksa ds fo2k; esa tkudkjh bl
ys[k esa vyx vyx txg nh xbZ gS] mls pSd djsa k

&& ;fn fdlh chekjh ds ckjs esa blesa ugha fy[kk x;k rks
CyM cSad fpfdRLkd }kjk ewY;kad.k

62. ISOTRETINOIN (AC CUTANE)

One month deferral after last dose.

62 % vkbZlksVzsVhuksvk;u & ,D;wVsu

&& vkf[k-j [kqjkd ds mijkUr 1 ekg rd cfg2dj.k

63. KIDNEY DIALYSIS AT HOME

Family members sharing household - twelve (12) month deferral after donor leaves household.

63 % ?kj esa xqnsZ ds jksx dk MkbZfyfl

&& ?kj ds lnL;ksa ds fy, 1 lky dk cfg2dj.k

64. KIDNEY DISEASE

Requiring routine medical care or medication - permanent deferral.

Other - evaluated by Blood Bank Physician.

64% xqnsZ ds jksx

&& ftUgs jkst- jkst- ds bZykt- dh t-:jr gks

&& LFkkbZ cfg2dj.k ckdh && CyM cSad fpfdRLkd }kjk ewY;kad.k

65. LIVER DISEASE

Requiring routine medical care or medication - permanent deferral.

Other - evaluated by Blood Bank Physician.

65 % ft-xj jksx

&& ftUgs jkst- jkst- ds bZykt- dh t-:jr gks

&& LFkkbZ cfg2dj.k ckdh && CyM cSad fpfdRLkd }kjk ewY;kad.k

66. LUNG DISEASE

Acute disease - temporary deferral.

Requiring routine medical care of medication - permanent deferral.

Acute tuberculosis - temporary deferral.

Healed pulmonary tuberculosis - deferral for one year from time donor was symptom free and off medication.

Positive tuberculin skin test, but without other abnormality - no cause for deferral.

Other - evaluated by Blood Bank Physician.

66% QsQ-M-ksa ds jksx

&& lfdz; jksx && vLFkkbZ cfg2dj.k

&& ftUgs jkst- jkst- ds bZykt- dh t-:jr gks&& LFkkbZ cfg2dj.k

&& lfdz; Vh ch && vLFkkbZ cfg2dj.k

&& Vh ch && tks Bhd gks pqdh gks&& bykt lekIr gksus ds 1 lky ckn tc jDrnkrk y{k eqDr gks x;k gks

&& ikft-fVo V;wcjdqfyu VSLV- && ij dksbZ
vlkekU;rk u gks] cfg2dj.k dk dkj.k ugha

&& ckdH && CyM cSad fpfdRLkd }kjk ewY;kad.k

67. LYME DISEASE (TICK BITE)

Symptomatic (fever, muscle pain, joint pain) - deferral until after completion of a course of antibiotics and totally asymptomatic.

Past history - no cause for deferral if donor completed a course of antibiotics and is totally asymptomatic.

67% ykbZe jksx @ fVd ckbZV

&& y{.k;qDr&& cq[kk-j]ekalisf2k;ksa esa nZn] tksM-
ksa esa nZn&& „Vhck;ksfVd ysdj y{.kfoeqDr gksus rd
cfg2dj.k

68. LYMPH NODES

Swollen - evaluated by Blood Bank Physician.

68% fyEQ uksMt-

&& lwth- gqbZ&& CyM cSad fpfdRLkd }kjk
ewY;kad.k

69. MALARIA (SEE "MALARIA MAP AND CHART")

Malaria "Carrier" - permanent deferral.

Malaria attacks - deferral for three years following last attack or discontinuation of medication, whichever is later.

Anti-malarial medication - deferral for three years following

Discontinuation of medication with no subsequent malaria attacks or departure from the area, whichever is later.

Travelers to endemic areas - deferral for six months after return to nonendemic area providing they have been free of symptoms and have not taken anti-malarial drugs.

Immigrants or visitors from endemic areas - deferral for three years following departure from endemic area if they have been asymptomatic in the interim and have not taken anti-malarial drugs.

History of quartan malaria (*Plasmodium malariae*) - permanent deferral.

69 %eysfj;k

70. MEDICATIONS

Prescribed:

- i. See "Donor Medication List".
- ii. Autologous Donors - Evaluated by Blood Bank Physician and/or approved by patient's physician.

Non-prescribed:

- iii. Evaluated by Blood Bank Physician/
- iv. See "Drug Addiction", Narcotic Abuse" and "Sexual Contact" criteria.

70 % nokbZ;ka

&& ;fn fpfdRld }kjk crkbZ gSa%

&& jDrnkrk nokbZ fyLV ns[ksa

&& Lonku jDrnkrk&& dk CyM cSad fpfdRLkd }kjk ewY;kad.k ,oa mlds fpfdRld }kjk Lod`fr

&& ;fn fdlh fpfdRld }kjk ugha crkbZ gSa%

&& CyM cSad fpfdRLkd }kjk ewY;kad.k && nokvksa dh yr] u2khyh nokvksa dh yr] && ISDI lacf/kr ekinaM ns[ksa

71. MENSTRUAL CRAMPS (SEVER)

Deferral until no longer present.

71 % ekfld /kZe dzsEil

&& cfg2dj.k tc rd Bhd ugha gks tkrs

72. MENSTRUATION

No cause for deferral unless severe menstrual cramps present.

72 % ekfld /kZe

&& cfg2dj.k dh t-:jr ugha&ij 71 ns[ksa

73. MENTAL ILLNESS

Temporary deferral of donor if medical history cannot be deemed reliable; all patients on anti-psychotic drugs must be deferred for this reason.

73 % ekufld jksx && vLFkbbZ cfg2dj.k

74.MISCARRIAGE

Six week deferral.

74 % xHkZikr

&& 6 ekg rd cfg2dj.k

75.MONONUCLEOSIS

History of disease - six (6) month deferral after symptom free.

Exposure - six (6) month deferral.

If diagnosis is not certain and associated with jaundice or liver disease - permanent deferral.

75% eksuksU;wdyhvksfll

&& ;fn jksx dk bfrgkl gS rks 6 ekg ds fy, cfg2dj.k

&& tksf[ke && 6 ekg ds fy, cfg2dj.k

&& ‘;fn funku laHko ugha rks LFkbbZ cfg2dj.k

76.NARCOTIC ABUSE (INTRAVENOUS)

Permanent deferral.

76% Lo&f2kjk u2khyh nokvksa dk ngjI;kksx

&& LFkbbZ cfg2dj.k

77.NAUSEA:

Deferral for 24 hours.

77 % th erykuk

&& 24 ?k.Vs dk cfg2dj.k

78.NERVOUSNESS

If extreme - deferral for 24 hours. (Before deferring, explore because of nervousness - consult Blood Transfusion Officer. if necessary).

78 % ?kcjkgV

**&& ;fn vR;f/kd && 24 ?k.Vs dk cfg2dj.k @ CyM cSad
fpfdRLkd }kjk ewY;kad.k**

79.NIGHT SWEATS

Determine cause - consult Blood Transfusion Officer.

79 % jkr dks ilhuk vkuk

&& dkj.k <wa< dj CyM cSad fpfdRLkd }kjk ewY;kad.k

80. NURSING MOTHERS

No cause for deferral if at least six (6) weeks post-partum.

80 % uflZxa ekrkvksa

&& cfg2dj.k dk dkj.k ugha ;fn tUe dks 6 llrkg gks x,

81. OCCUPATION

Hazardous occupation (e.g. operators of heavy equipment, workers on scaffolding, etc.) - accept only if donor does not plan to return to work for at least 12 hours.

Persons entrusted with the safety of others (e.g. bus drivers, firemen, etc.) - accept only if donor does not plan to return to work for at least 12 hours.

Flight crews - See "Flight Crews".

81 % O;olk,

&& t-ksf[ke Hkjs O;olk, tSlS fd Hkkjh e2khuks dks pykuk bR;kfn && ekU; gS ;fn mlus 12 ?k.Vs ds ckn dke ij tkuk gS

&& ftu yksxksa ij nwljksa dh tku dh lqj{kk dh ft-Eesnkjh gks tSlS okgu pkyd] vfXu2keu bfR;kfn && ekU; gS ;fn mlus 12 ?k.Vs ds ckn dke ij tkuk gS

&& mM-;u dzw&& d`I;k 43 nsf[k,

82. ORGAN TRANSPLANT

Twelve (12) month deferral; a written consent from the donor's physician may be required.

82 % vax izR;kjksiu

&& 12 ekg dk cfg2dj.k] jDrnkrk ds fpfdRld ls fyf[kr Lod`fr ysus dh vkO2k;drk gks ldrh gSk

83. PAIN

Evaluated by Blood Transfusion Officer.

83 % nZn

&& CyM cSad fpfdRLkd }kjk ewY;kad.k

84. PENICILLIN ALLERGY

No reason for deferral for whole blood donation.

If allergy is anaphylactic type, mark bag "Anaphylactic PCN".

If allergy is severe (hives, etc.), mark bag "Severe PCN".

If allergy is less than severe, do not mark the bag.

84 % isfUkflyhu ,yStzh&& cfg2dj.k ugha

85. PHLEBITIS

Deferral for six months following complete recovery.

85 % f2kjk lwtu && Bhd gksus ds ckn 6 ekg rd cfg2dj.k

86. PITUITARY GROWTH HORMONE

Product derived from human pituitary glands - permanent deferral.

Product genetically engineered - no cause for deferral.

86 % fiVwVjh xzksFk gkjeksu

&& ;fn ekuo fiVwVjh xzfUFk ls gS rks LFkkbZ cfg2dj.k

&& ;fn vuqokaf2kd bUtfu;fjxa ls rks cfg2dj.k dh vko2;drk ugha

87. PREGNANCY

Actively pregnant - deferral until six weeks following termination.

Autologous collection is acceptable if approved by the donor's physician and Blood Transfusion Officer. and performed under controlled conditions.

87 % xHkZorh

&& cPps ds tUe ckn 6 ekg rd cfg2dj.k

**&& Lo&jDrnkrk & fpfdRld ds ijke2Zk ls vkSj fu;af=r
fLFkfr;ksa esa&& cfg2dj.k ugha**

88. RAPE VICTIM

Twelve (12) month deferral.

88 % cykRdkj ihfM-r && 12 ekg cfg2dj.k

89. RHEUMATIC FEVER

No heart involvement - deferral for six months following recovery.

Residual heart involvement - permanent deferral.

89 % vkeorh cq[kk-j

&& ‘;fn fny lafxzr ugha gS&& 6 ekg cfg2dj.k

&& ‘;fn fny lafxzr gS&& LFkkbZ cfg2dj.k

90. SEIZURES

See "Convulsions" and "Epilepsy".

90 % vk{ksi

&& d`I;k ^29* ,oa ^40* nsf[k,

91. SEXUAL CONTACT

Male donors: Sex with another male, even once since 1977 - permanent deferral.

Female donors: Sex with a male having sex with another male even once since 1977 - 12 month deferral.

Sex with anyone who has had AIDS or a positive test for AIDS - 12 month deferral.

Received money or drugs for sex since 1977 - permanent deferral.

Given money or drugs for sex - 12 month deferral.

Sex with anyone who has ever taken illegal drugs with a needle - 12 month deferral.

Sex with anyone who has taken money or drugs for sex - 12 month deferral.

- **91 % ;kSu laiZd&& 1977 ds ckn ;fn fdlh iq:2k us fdlh vU; iq:2k ls laHkksx fd;k gks k pkgs ,d ckj gh fd;k gks vkSj oks vius vki dks laeySfxd u le>rs gksa k**

92. SICKLE CELL DISEASE

Permanent deferral.

If unit is from an autologous donor - consult the Blood Transfusion Officer.

Inform the anesthesiologist if unit is transfused during surgery.

92 % fldy lSy chekjh

&& LFkkbZ cfg2dj.k

&& Lo&jDrnkrk & fpfdRld ds ijke2Zk ls vkSj fu;af=r fLFkfr;ksa esa&& cfg2dj.k ugha

93. SKIN ALLOGRAFT

Twelve (12) month deferral.

93 % peM-h dk Lo&xzkQV

&& 12 ekg dk cgh2dj.k

94. SKIN RASH/LESIONS/INFECTIONS

At site of phlebotomy - temporary deferral.

Over large portion of body - temporary deferral.

Boils, purulent wounds or severe skin infections anywhere on the body - temporary deferral.

Blue or purple spots or lumps on or under the skin or mucous membrane - evaluated by Blood Bank Physician.

White spots or blemishes in the mouth - evaluated by Blood transfusion Officer.

Acne or local rash not at site of phlebotomy - no cause for deferral.

94% peM-h ds jksx

&& lqbZ yxus dh txg && vLFkbbZ cfg2dj.k

&& ftLe ds dkQh vf/kd Hkkx ij&& vLFkbbZ cfg2dj.k

&& Q-ksM-s] Qqalh bR;kfn&& vLFkbbZ cfg2dj.k

&& uhys ;k tkeqfu jax ds peMh- ij fu2kku&& CyM cSad
fpfdRLkd }kjk ewY;kad.k

&&lwth gqbZ xzafFk;ka&& CyM cSad fpfdRLkd }kjk
ewY;kad.k

&&eqga ds Hkhrj yEcs le; ls lQs-n fu2kku&& CyM cSad
fpfdRLkd }kjk ewY;kad.k

95. SKULL FRACTURE

Permanent deferral unless donor presents a written consent from the donor's physician or the Blood Transfusion Officer approves donation.

95% [kksiM-h dh gfMM;ksa dk VwVuk && LFkbbZ cfg2dj.k

96. SPLENECTOMY, POST-TRAUMATIC

No cause for deferral if nature of other injuries is not a cause for deferral; consults Blood Transfusion Officer if uncertain.

Recent splenectomy - six month deferral since a splenectomy is considered major surgery.

- a. If donor received blood or blood products before, during or after the procedure, defer donation for twelve (12) months after transfusion.

96 %

97. SURGERY

Major surgery - deferral for six months following major surgery. Major surgery may indicate the donor is not in good health. Consult Blood transfusion Officer. if interviewer is not certain of donor's good health. Examples of major surgery include pneumonectomy, gastrectomy, cholecystectomy, craniotomy, hysterectomy, intervertebral discectomy, major trauma or fracture.

- a. If donor received blood or blood products before, during or after the procedure, defer donation for twelve (12) months after transfusion.

Minor surgery - deferral for six weeks or until healing is complete, whichever is longer, and donor feels fully recovered.

- b. if donor received blood or blood products before, during or after the procedure, defer donation for twelve (12) months after transfusion. - Examples of minor surgery include appendectomy, closed reduction of fracture, repair of hernia, hemorrhoidectomy, tonsillectomy, D & C, removal of pilonidal cyst or small skin lesion, and varicose vein surgery. Consult Blood transfusion Officer if uncertain whether operation represents major or minor surgery.

97 %

98. SYPHILIS

Untreated - temporary deferral.

Treated - defer for twelve (12) months from time donor is "cured". Donor must provide evidence of adequate therapy.

98 %

&& fcuk bZykt && vLFkbbZ cfg2dj.k

&& bZykt && 12 ekg dk cfg2dj.k jDrnkrk dks mi;qDr bZykt dk izek.k nsuk gksxk

99. TATTOO

Twelve (12) month deferral.

99 %

&& 12 ekg dk cfg2dj.k

100. TEGISON

3 year deferral after receipt of last dose.

100 %

&& 3 lky dk cfg2dj.k

101. THYROID DISEASE

- i. Temporary deferral until donor presents a written consent from his/her physician indicating that:

The thyroid disease was not malignant and

The donor is now euthyroid, and

The donor's health permits safe blood donation.

101 % Fkk;jkM chekjh

&& vLFkkbZ cfg2dj.k] ij ;fn jDrnkrk vius fpfDRld ls
fyf[kr Lod`fr i= yk;s fd

& chekjh eSfyaxuSUV ugha Fkh] jDrnkrk vc
;wFkkbZjk;M gS rFkk jDrnkrk dh lsgr jDrnku djus
ds yk;d gS

102. TICK BITE

See "Babesiosis" and "Lyme Disease".

102 % fVd dk dkVuk

&& d`I;k 14 vkSj 60 ns[ksa

103. TOOTH EXTRACTION

Seventy-two (72) hour deferral.

103 % nkar dk fudyokuk

&& 72 ?k.Vs dk cfg2dj.k

104. TOXOPLASMOSIS

Donors with a history of toxoplasmosis cannot be used as a
leukapheresis donor.

104% VksDlksiykT-eksfll && cfg2dj.k

105. TRANQUILIZERS

See "Donor Medication List".

105% VzsadykbZt-jt- && d`I;k jDrnkrk nokbZ fyLV ns[ksa

106. TRANSPLANT

See "Organ Transplant" and "Skin Allograft".

106% izR;kjksi.k && d`I;k vax izR;kjksi.k rFkk peM-h Lo&izR;kjksi.k ns[ksa

- 107. TROPICAL SPASTIC PARAPARESIS (HTLV I/II)**
Present or past clinical or laboratory evidence of infection-permanent deferral.

107 % ,p Vh yS oh && LFkkbZ cfg2dj.k

- 108. TUBERCULOSIS**
See "Lung Disease".

108 % Vh ch && ^QsQM-s dh chekjh ns[ksa*

- 109. ULCERS (GASTRIC OR DUODENAL)**
Active - temporary deferral.

Inactive, no bleeding from ulcer at any time - no cause for deferral.

Inactive, but hospitalized for bleeding from ulcer - six month deferral from date of hospital discharge; donor must also have a physician's written consent for donation.

If donor received blood or blood products, defer donation for twelve (12) months after transfusion.

109 % vYlj

&& eSns dk ;k M;wMsuy dk

&& lfdz; && vLFkkbZ cfg2dj.k

&& vlfdz; vkSj vYlj ls dksbZ jDr L=ko ugha && cfg2dj.k dk dkj.k ugha

&& ;fn jDr L=ko ls gLirky esa nkf[ky gqvks gS rks 6 ekg dk cfg2dj.k] vkSj jDrnkrrk vius fpfDRld ls fyf[kr Lod`fr i=yk;s

&& ;fn jDrnkrrk dks jDr yxk gS rks 12 ekg dk cfg2dj.k

- 110. VACCINATIONS**
See "Immunizations".

110 % Vhdkdj.k && Vhdkdj.k ns[ksa

111. VITAMINS

No cause for deferral. Compliment donor on value of vitamins while a donor.

111 % foVkfeu && cfg2dj.k dk dksbZ dkj.k ugha

112. WEIGHT LOSS, UNEXPLAINED

Evaluated by Blood Transfusion Officer.

112 % ot-u ?kVuk && CyM cSad fpfdRLkd }kjk ewY;kad.k

SUMMARY

DONOR SELECTION PROTOCOL

Physical acceptance criteria

S.N.	Parameters	Acceptance criteria	Acceptance criteria
1	Age	18-60 Years	
2	Body weight	>= 45 Kg for the collection of 350 ml of whole blood	>= 55 Kg for the collection of 450 ml of whole blood
3	Blood pressure	Systolic 100-180 mm of mercury	Diastolic 50-100 mm of mercury
4	Pulse	60-100 beats per minute and regular	< 60 beats per minute accepted if undergone intensive sports training
5	Hemoglobin	>= 12.5 g / dl for male as well as female	
6	Haematocrit	>= 38% for male as well as female	
7	Time interval	> 3 months. Maximum 4 donation per year	
8	Body temperature	Not > 37.5°C	

DEFERRAL CRITERIA FOR BLOOD DONORS

Permanent deferral criteria

Prospective donors who have, or have a history of, any of the following:

- Autoimmune disease if more than one organ is affected.
- Cardiovascular disease
- Central nervous system disease.
- Malignant disease except after successful treatment for non-invasive cervical cancer and rodent ulcer.
- Abnormal bleeding tendency
- Fainting spells (syncope) or convulsions
- Severe or chronic gastrointestinal, hematological, metabolic, respiratory, or renal disease.
- Infectious disease-person suffering or having suffered from
 - Hepatitis B & C
 - HIV/AIDS

- HTLV-I / II
- Leprosy
- Kala Azar
- Q fever
- Syphilis
- Chagas disease (trypanosome cruzi)
- Babesiosis
- Chronic alcoholism
- Diabetes, if treated with insulin
- Intravenous (IV) drug abuse
- Cornea / Dura mater transplantation recipient
- Epilepsy
- Pituitary hormone of human origin (growth hormone) recipient.
- Sexual behaviour that place them at high risk of transmitting infectious disease, including
 - Person who have had sex in return for money or drug
 - Current sexual partners of people with HIV
 - Current sexual partners of people with HBV unless demonstrated to be immune.
- Xenotransplant recipients
- Allergy-individual with a documented history of anaphylaxis
- Asthma
- Endocrine disorders and psychotic disorders (schizophrenia)

Temporary deferral criteria

Ineligible for five years

- Acute glomerulonephritis (following complete recovery)

Ineligible for two years

- Osteomyelitis (after declared cured)
- Toxoplasmosis (after recovery and absence of IgM antibody)
- Brucellosis (after full recovery)
- Rheumatic fever (after an attack if no evidence of chronic disease)
- Infectious mononucleosis (after declared cured)
- Jaundice

Ineligible for one year

- Tuberculosis (after declared cured)
- Typhoid (after declared cured)
- Accidental exposure to blood or blood contaminated instruments
- Transfusion with blood or blood component
- Endoscopic examination
- Treatment involving use of catheter
- Tissue or cell transplant
- Major surgery
- Acupuncture
- Tattoo
- Body piercing

- Drug allergy, in particular allergy to penicillin (after last exposure)
- Close contact with case of hepatitis B & C
- Rabies vaccine (if post exposure)
- Tick born encephalitis vaccine (if post exposure)

Ineligible for six months

- Pregnancy (after delivery)
- Abortion
- Minor surgery (with complication)
- Fracture
- Infectious mononucleosis (after recovery)
- Hepatitis vaccination

Ineligible for three months

- Malaria (after recovery)
- Previous whole blood donation
- Minor surgery (without complication)

Ineligible for at least two weeks

- Prophylactic immunization (following administration of vaccine with attenuated bacteria and viruses (four weeks)
- Minor infectious disease
- Fever above 38°C, flu-like illness (following cessation of symptoms)

Ineligible for 72 hours

- Following administration of vaccines (desensitizing)
- Alcohol intake
- Aspirin

Ineligible for 48 hours

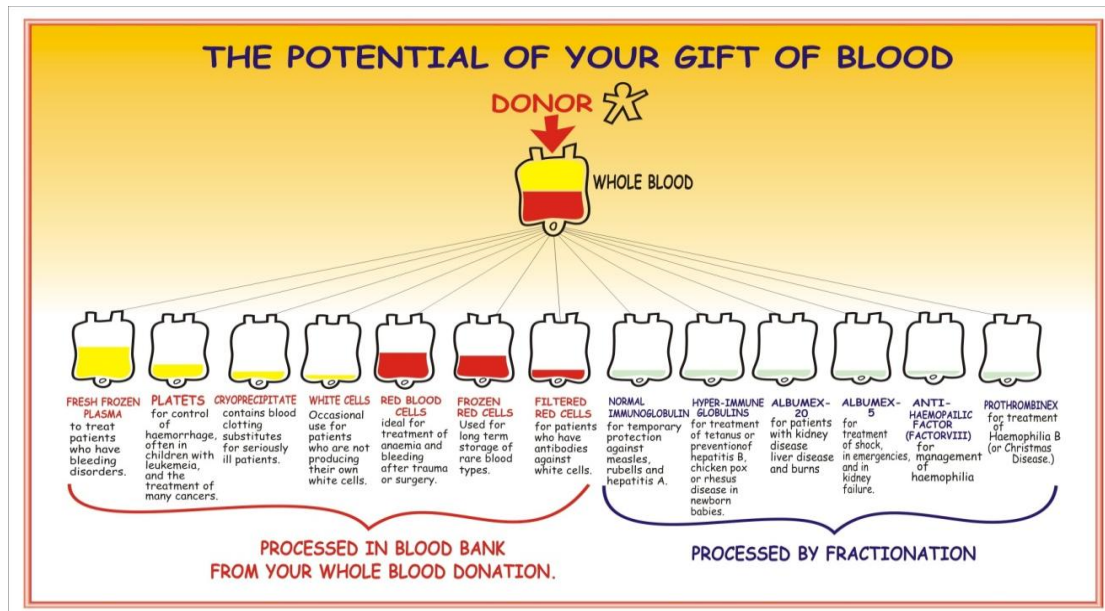
- Treatment by dentist or dental hygienist
- Following administration of killed / inactivated viral / bacterial and rickettsial vaccines
- Rabies vaccine (prophylactic administration)

Others

- Hypertension - defer till controlled with or without medication
- Diabetes on oral hypoglycemic-till blood sugar comes to the normal range
- Allergy (minor) - till symptom free
- Common cold - till symptom free
- Menstruation - till period over
- Lactation – till stops breast feeding

What happens to your BLOOD in Blood Bank?

It is separated into components e.g. RBC, Platelet concentrate & plasma. Plasma can be further fractionated into many other useful products.



- It is tested for several diseases.
 1. Hepatitis-B&C
 2. HIVI&II
 3. Syphilis
 4. Malaria
- It is typed for blood group (A, B, AB, O & Rh factor)
 - It is tested for complete blood count.
 - You will get a report of these tests.

Is there any advantage of blood donation?

New Younger cells are generated within few days, which have better functioning capacity.

- Quality of blood improves after every blood donation.
- **Regular blood donors have low risk of developing hypertension, heart attacks, & brain strokes.**
- You also come to know about your health status.
- Hence better & healthy living.
 - Your voluntary card gives you the insurance coverage of one unit of blood or blood component for any Patient up to one year.

How do I Contact blood banks to donate blood or clear my further doubts?

You are Welcome to our Blood Bank at your convenience. Please feel free to ask any questions to our experts.

“ Yes see what a noble selfless service it is. It gives the donor a feeling of joy and contentment. Also this Liquid love creates the feeling of Fatherhood of God and Brotherhood of Mankind as blood knows no caste, color, creed, religion or race, country continent or sex” -- **Dr. N.K.Bhatia (M): 9899703828**

DONOR RETENTION STRATEGIES.....

We have dual responsibility

To solicit safe blood and assist in the process of health education & disease prevention that will help to develop low-risk populations in future from basic two target groups:

a) Existing Voluntary Non-remunerated donors and b) Potential new, Voluntary Non-remunerated donors

Success in recruiting and retaining Voluntary Non-Remunerated Donors is based on *Strategies appropriate to motivational methods for different groups*. While donor retention is an important activity, **our ultimate aim is retention of Non- Remunerated Voluntary Donors.**

Thus a we have to develop a series of indicators to help us to monitor and evaluate the effectiveness of our retention campaigns in relation to: *A. Existing Donors, B. First time Donors, C. Regular Donors, D. Deferred, Retired and lapsed Donors, E. Serving Special Needs, F. New Donors*

A. EXISTING DONORS: It is generally recognized that *safest donors are the regular donors*. The incidence of disease markers decreases with the number of donations made

B. FIRST TIME DONORS: The requirement for an adequate and sustainable supply of blood means that you need to encourage the *first time donor to become a regular donor*. The way in which the donor is treated on the day of donation is absolutely critical and follow up is equally important. *AIM of this strategy is to RETAIN DONOR. Take FEEDBACK from donors based upon: Motivation to donate first time, Donation experience, Post-donation experience, Re-retention or re-motivation experience, preferred communication methods, Obstacles / demotivating factors.*

C. REGULAR DONORS: - is the mainstay of a blood service and ensure adequate, sustainable & safest supply. They respond to appeals in emergency and crisis BUT *Just do not take them for granted. They need to be made to remain satisfied and feel loyalty to the service*. Strategies involve *recognition & reward, certificates, buttons and small ceremonies, consult them regularly* about services offered, its convenience and comfort, staff attitudes etc., Develop *Donor Clubs*, give social & community based *incentives* rather than financial or commercial, Treating donors as *local heroes*, Incentives should not be too big, Cultivate *altruistic behaviour* with staff setting an example as role models.

Donors quote consistently two factors for their decision to return:

Blood centre staff behaviour and Waiting time. Donors expect a friendly and welcoming as well as professionally competent environment

D. Deferred, retired or lapsed donors

Blood service has responsibility of care of all Donors as most effective donor recruiter is a satisfied donor. Therefore, encourage them to bring family members or friends –it will help in long term retention efforts

- a) **Lapsed donors just need:-** A reminder, an apology for any dissatisfaction they faced, a reassurance that whatever has upset them will not reoccur and follow up of all lapsed donors is a significant aspect of donor retention
- b) **Temporary deferrals:-**, for whatever reason is demoralizing to the blood donor. Ensure that reasons are well explained, invite them to continue donating as soon as they become eligible, follow them up, and show them that you respect their continued support and involvement
- c) **Permanent defers:-** Continue generating loyalty and interest in them, and treat them with tact and sympathy, make them feel that they are valued and seek assistance for future, as the donor selection criteria go on becoming stringent.
- d) **Retired donors:-** Strategies designed to encourage retired or deferred donors to become *voluntary donor recruiters* can be developed, they are developed based on local needs and conditions.

Some suggestions are: Ask them to *take part* in oral presentations about blood donation and their experiences, create *special clubs for ex-donors* and give them official roles to play at ceremonies such as donor award functions, give *special awards* to them for introducing 10, 25 or 50 new donors, design leaflets and posters which raise awareness that donors who are *too old for blood donation are not too old to take part in retention activities*, organize a *contest* where retiring donors bring in new ones to maintain continuity

Proper management of ex-donors will play a vital role

E. Serving Special Needs:- To make everyone who comes forward to donate feel important, is a challenging task, sometimes blood centre has specific Type specific need especially for Apheresis Donation Programme. This requires a specialized form of donor recruitment

Approaches are: *Direct mail, Tele-recruitment, personal approach from staff inviting selected donors to join the special programs.*

A major point here is that there is an ever-changing *fluctuation in supply and demand*, which highlights the importance of targeted recruitment. It is the only way to stay in control. *Special appeals* may sometimes result in overwhelming response. *Targeted retention* is one solution to this problem

CONCLUSION

A blood programmes quality management actually starts with blood donor retention and donor care, not with the technical details of blood collection and laboratory testing.

Donor should be considered as a customer and extended exceptional service.

Retention without good service goes only half way, but equally, excellent service without effective retention techniques is not sufficient