

## TISSUE DONOR QUESTIONNAIRE – DONOR COPY

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### INTRODUCTION

Thank you for considering the donation of your tissue from your upcoming surgery.

This document outlines the questions you will be asked over the phone to determine your eligibility to donate your tissue. These questions are necessary to ensure that the donated tissue is safe for the recipient receiving it.

**Please call us on 0800 2DONATE (0800 236 628) to go through the questionnaire with a New Zealand Blood Service nurse.**

The nurse will be able to explain any questions you are not sure about. All conversations relating to the donation of your tissue are kept strictly confidential. Once your eligibility is confirmed, your surgeon will be sent a letter advising that you wish to donate your tissue.

### PRELIMINARY QUESTIONS

1. Have you ever had cancer?
2. Have you ever had bone or joint disease including Osteoporosis?
3. Have you visited or lived in the United Kingdom (England, Scotland, Wales, Northern Ireland, Isle of Man and the Channel Islands) or in France or in the Republic of Ireland between 1st January 1980 and 31st December 1996 for a total period of 6 months or longer?
4. Have you received a blood transfusion in the United Kingdom, France or the Republic of Ireland from 1980 onwards?
5. Have you lived or travelled outside New Zealand or Australia in the last three years?
6. Are you planning to travel prior to surgery?
7. Beside the reason for this surgery, have you ever had any other serious illnesses or have any health problems at present?

### HEALTH QUESTIONS

1. Have you visited a Doctor / Health Clinic in the last 6 months besides the reason for this surgery?
2. Have you taken any medicines at all in the last two weeks other than the contraceptive pill?
3. In the last week have you had dental treatment, a cold sore, cold, cough, sore throat or any other infection?
4. In the last 12 weeks have you or any of your household had any diarrhoea, vomiting, stomach pain or upset stomach?

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5. In the last 6 months have you had any of the following:
  - Vaccinations
  - Needle stick injury
6. In the last 4 months have you had any of the following:
  - Acupuncture, body/ear piercing, tattooing
  - Any medical procedure e.g. endoscopy
7. In the last year have you had any of the following:
  - Hepatitis, jaundice
  - Surgical operation or blood transfusion
8. In the last three years have you had treatment for acne or psoriasis?
9. Have you ever had any of the following:
  - Malaria
  - Severe allergy
  - Autoimmune disease
10. Do you wear a medic-alert bracelet?
11. Do you have a history of chemical or irradiation exposure?
12. Have you donated blood in NZ in the past?
13. Have you ever visited or lived in rural South or Central America (including Southern Mexico), or have you ever received a blood transfusion in South or Central America?
14. Did you have any injection of human pituitary extracts such as growth hormone or gonadotrophin (fertility treatment) before 1985?
15. Do you suffer from an unexplained neurological condition or have you had surgery of the brain or spinal cord?
16. Have any of your blood relatives had CJD (Creutzfeldt-Jacob Disease)?
17. Have you ever received a cell, tissue or organ transplant (cornea, kidney, bone-marrow, liver, dura mater, sclera, etc.)?
18. You must NEVER give tissue if:
  - You, or any of your sexual partners have or had AIDS or a positive test for HIV.
  - You carry the hepatitis B or C virus.
  - You have ever injected yourself, even once, with drugs not prescribed by a Doctor.
  - You have haemophilia or a related clotting disorder and have received treatment with plasma derived clotting factor concentrates at any time. You think you need an HIV or hepatitis test.

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- 19.** You must not give tissue for 12 MONTHS:
- Following oral or anal sex with or without a condom with another man (if you are male).
  - After engaging in sex work (prostitution) or accepting payment in exchange for sex.
  - If you are a woman, after engaging in sex with a man who has had oral or anal sex with another man.
  - Following sex with anyone:
    - whom you know carries the hepatitis B or C virus.
    - who is a sex worker (prostitute).
    - who has ever injected themselves with drugs not prescribed by a Doctor.
    - who has haemophilia or a related blood clotting disorder and has received treatment with plasma derived clotting factor concentrates at any time.
    - who lives in or comes from a country considered high risk for HIV infection (**see map on the next page**).
  - After leaving a country in which you have lived and which is considered to be high risk of HIV infection. (**see map on the next page**)
- 20.** It is possible your tissue may not be suitable for use. If this is the case would you like the:
- Tissue to be returned to you or next of kin
- OR**
- Consent for the tissue to be disposed by cremation

Countries considered to be high risk for HIV infection are shown in red and listed in the boxes

