

Donor screening and deferral record

Form | BLD-FRM-001

Document type	Form
Title	Donor screening and deferral record
Document ID	{{facility.code}}-BLD-FRM-001
Version and status	1.0 Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 5 (Blood Bank), criterion 5.1
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

Use this form when

Records the screening of each donor and any deferral.

1. How to complete

- Complete before each donation.
- Record any deferral and the reason.
- Record the return date.

2. Items to check

#	Item	Standard or evidence	Yes	No	N/A	Action if No
1	Questionnaire completed	Yes	☐	☐	☐	Action and who to tell
2	Examination completed and recorded	Yes	☐	☐	☐	Action and who to tell
3	Eligible to donate	Yes or deferred	☐	☐	☐	Action and who to tell
4	Deferral reason and return date	Yes or N/A	☐	☐	☐	Action and who to tell
5	Screened by and date	Yes	☐	☐	☐	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-009	Donor criteria to follow the national blood service guidance.

ID	Source and status
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus.

4. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval