



National Centre in HIV Epidemiology and Clinical Research
**Notification of blood donor
 with HIV infection**

Office use only

NCHCR number

Confidential

form revised : May 2006

1 Blood Bank information

State/Territory

Contact person
 Name _____

Address _____

Telephone _____ Facsimile _____

2 Site of donation

Site of donation found to have HIV antibody
 (Specify) _____

Postcode of site of donation (If available)

Tick if donation was at a mobile unit

3 Donor identification

Internal Blood Transfusion Service Code

Date of birth _____ / ____ / ____
 (DD/MM/YYYY)

Sex Male Female Transgender

Place of residence at time of donation found to have HIV antibody
 (Specify) _____

Postcode of residence at time of donation
 found to have HIV antibody (If available)

4 Donation history

Date of first recorded donation

 Month Year

Date of first recorded donation since 1 May 1985

 Month Year

Years donated (Tick the appropriate year(s))
 Prior to 2000 (Specify year of donation)

2000 2001 2002 2003 2004
 2005 2006 2007 2008 2009 2010

Date of donation found to have HIV antibody _____ / ____ / ____
 (DD/MM/YYYY)

Date of last donation prior to the one which had HIV antibody

 Month Year

5 Information on exposure

- Elicited by interview with Blood Transfusion Service Personnel
- Provided by doctor to whom donor was referred
- Donor not interviewed
- Donor could not be traced following last donation
- Other
 (Specify) _____

6 HIV exposure category*

More than one exposure category may be ticked.

- Sexual contact with person of same sex (Male donors only)
- Sexual contact with person of opposite sex**
 (Detail) _____
- Blood transfusion, blood components or tissue recipient
 (Detail) _____
- Injecting drug use
 (Detail) _____
- Person from a high prevalence country***
 (Specify Country) _____
- Donor interviewed with regard to exposure category,
 but none of the above apply
 (Detail) _____
- Donor not interviewed with regard to exposure category
 (Detail) _____

Footnotes

- * Where detail is requested, please supply available information that may be relevant. For example, under 6 – Blood transfusion, give date of transfusion or other procedure.
- ** Where donor reports SEXUAL CONTACT WITH PERSON OF OPPOSITE SEX only, specify any information that may be available on sexual partners with or at risk of HIV infection.
 In particular, specify a sexual partner who was reported as bisexual, an injecting drug user, a person with haemophilia/coagulation disorder, a recipient of blood transfusion, blood components or tissue, or from a country where HIV is endemic (give country)***
- *** Includes countries of sub-Saharan Africa, the Caribbean and Thailand, Cambodia and Myanmar.

Please return completed forms to:

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