

Office use only

  

Kirby Institute number

# Notification of blood donor with HIV infection

**Confidential**

form revised : April 2015

## 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 password protected completed forms to:

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