INFORMATION FOR BLOOD DONORS
I. BLOOD DONOR RIGHTS

Donor has the following rights:

- change his / her opinion at any time and withdraw from donation without giving explanation
- ask questions related to donation of blood and a process of collection
- get an explanation why donation should be voluntary and non-remunerated
- get detailed explanation of donation procedure including information on all possible risks related to blood donation and collection
- get detailed explanation of reasons which may disable him / her due to possible risks for his / her health or due to the health threats to recipients of products made from donors blood
- be informed about all clinical and laboratory investigations made to control donor's eligibility and laboratory tests done from collected blood
- be informed on how collected blood is processed and used
- be informed that collected blood could be used for intended purpose only if all quality and safety criteria are fulfilled
- be informed on his / her health and results of all laboratory tests performed
- privacy during medical interview and clinical investigation
- protection from misuse of any information about his / her blood donation and information about his / her health
- protection of personal data and any information about his / her health according to the law

Final responsibility on quality and safety of the product made from donor's blood lies on the Blood Establishment therefore Blood Establishment makes final decision about donor's acceptation or exclusion from donation. Innate right of the recipient for safe blood product overrules good will of anybody to give blood.

II. RISK FOR BLOOD DONOR

COLLECTION OF BLOOD OR BLOOD COMPONENT IN UNHEALTHY PERSON

Blood or blood component donation may harm unhealthy person. Basic medical investigation is performed to protect donor health and to investigate donor eligibility. Any abnormal results are announced to the prospective donor. For temporary or permanent deferral a medical specialist of Blood Establishment is responsible. Donor is fully informed about reasons for temporary or permanent deferral.

ADVERSE REACTION TO DONATION

Following adverse reactions may occur:

- haematoma (improper venipuncture, bleeding into skin). You may prevent this complication by compression of the venipuncture place after donation

- weakness, fatigue are usually caused by improper stabilisation of circulation after blood loss or by psychological stress. this complication occurs more often in hungry donors, donors in hurry and after very quick upraise from the donor seat

- shivering or even convulsion may occur during plasma donation using cell-processor. It is caused by imbalance in calcium ions and could be quickly converted. Donor should inform technician immediately

All disposables used for blood collection, including disposables for collection of samples, are for single use only. THERE IS NO RISK OF TRANSMISSION OF ANY INFECTION DURING BLOOD DONATION.
III. RISK FOR BLOOD RECIPIENT

Treatment with blood and blood components put the recipient into inherited risk of transmission infectious disease from donor. There is quite a lot of blood born infections but from practical point of view hepatitis B, hepatitis C and AIDS (acquired human immunodeficiency) are the most important.

Our strategy is
donor selection  to minimize the risk by  laboratory testing

PRINCIPLES OF DONOR SELECTION
Risk of infectious disease transmissible via blood is permanently or temporarily increased by:

- risky sexual behaviour  *(at least 12 months after such an activity)*
  - sex with HIV positive person or with person suffering from AIDS
  - swap of random sexual partners
  - sex between two men (valid also for women whose sex partner had sex with another men)
  - sex for money or drugs (prostitution)
  - sex with prostitute
  - sex with drug addict
- close contact with person with acute hepatitis (household, sex partner) *(6 month)*
- Creutzfeldt-Jacob disease and its variants (vCJD = BSE, TSE) in family *(permanently)*
- living in UK or France (longer then 6 months) in years 1980-1996 (due to theoretical risk of variant Creutzfeldt-Jacob disease); blood transfusion in UK after 1980 *(permanently)*
- tattoo, ear piercing, body piercing, acupuncture etc. *(6 month)*
- contamination of mucous membranes or injured skin by infectious material *(6 month)*
- endoscopy (stomach, gut, bladder, lungs ....) *(6 months)*
- blood transfusion *(6 months, if in UK later then 1980 - permanently)*
- treatment with products of human origin (human growth factor etc.) *(permanently)*
- major surgery *(6 month)*
- neurosurgery if dura mater draft was used, cornea transplantation *(permanently)*
- transplantation with cell and tissues of human origin, transplantation with animal draft *(permanently)*
- detention, imprisonment *(12 months)*
- treatment or for sexually transmitted disease *(12 months)*
- drug abuse and / or alcoholism *(12 months after declared cured)*
- abuse of illegal i.v. drugs or steroids and hormones not prescribed by physician in past *(permanently)*

You can ask any question and You can withdraw from the donation any time.

In case of any doubts, please, ask the physician of Blood Establishment or apply a self-exclusion procedure

SELF - EXCLUSION

If You realised that your blood could put a recipient of product made from your blood into increased risk of infection, please withdraw from donation or inform our personnel.
OTHER RISKS
Blood transfusion recipient may be endangered by some medicines used by blood donor. Long lasting exclusion is necessary if donor is treated by pills or injection for acne, psoriasis, alopecia or hyperplasia of prostatic gland with - isotretinoin (Accutane, Roaccutane etc.), etretinat (Tegison, Tigason etc.), acitretin (Neotigason etc.), finasterid (Finex, Penester, Propecia, Proscar etc.), dutasterid (Avodart etc.). Length of exclusion depends on the drug and application form.

Risk of infection may be increased in some countries. Special risk is linked with longer stay in tropical countries, countries with malaria, Chagas disease or Q-fever and countries with high prevalence of infectious diseases (incl. infectious hepatitis).

Non-remunerated donation

<table>
<thead>
<tr>
<th>Risk for recipient is lowered by</th>
<th>Regular donation</th>
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<tr>
<td>risk of infection for recipient is lower when the donor is not motivated by financial profit</td>
<td>risk of infection for recipient is lower if the donor is tested repeatedly</td>
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We prefer voluntary non-remunerated donation

We ask donors for regular donation

BLOOD TESTING
Additionally to review of donor questionnaire, laboratory checks and medical examination / interview we test each donation for markers of infectious diseases:

- HBV (hepatitis B)
- HCV (hepatitis C)
- HIV (causative agent of AIDS)
- syphilis (lues)

Despite all the effort we are not able to guarantee 100 % safety to blood recipient (it may be for example due to the fact that diagnostic tests are often based on demonstration of antibodies to infectious agent and "it may last" several weeks to the donor to develop these antibodies...). Good collaboration between Blood Establishment and the donor is essential.

Positivity of laboratory markers for HIV, hepatitis B or hepatitis C is a reason for permanent deferral from blood donation. You will be informed in case of abnormal results of laboratory tests. Donor medical information is kept in the donor file under strict control respecting data protection rules, limited information is send to National Blood Transfusion Registry if necessary.

Products made from your blood will be used only if they fulfil all criteria for quality and safety.