



## BC Generations Project: Sample Donation

ID:

### While Visiting Lifelabs:

- Should you wish to be called by your first name in place of “BC Generations” please inform the Lifelabs Check-in Clerk.
- Upon check-in please provide the lab requisition only. **This Sample Donation questionnaire should be completed while you’re waiting and then passed along to the phlebotomist.**

***Fasting is not required***

**You are eligible if you:**

- Do not have a blood clotting disease such as hemophilia
- Have not received a blood transfusion or donated blood in the past 24 hours
- Have not observed any condition that makes sample collection impossible (e.g. rashes, oedema, open sores, wounds, cast, occluded veins on both arms).

**Questions to Answer Just Prior to Donating a Blood Sample:**

**1. When was the last time you had anything to eat or drink, other than plain water?**

*Instructions: Specify the time and circle AM or PM. Also indicate whether it was today or yesterday.*

( AM or PM )

- Today     Yesterday

**2. When was the last time you had a drink with caffeine including coffee, tea or an energy drink?**

*Instructions for Questions 2-4: If less than 24 hours ago, specify the time, circle AM or PM, and indicate whether it was today or yesterday.*

( AM or PM )

- Today     Yesterday     More than 24 hours ago or never consumed a drink with caffeine

3. When was the last time you had a drink with alcohol?

ID:

( AM or PM )

Today  Yesterday  More than 24 hours ago or never drinks alcohol

4. When was the last time you had a cigarette, cigar, pipe or cigarillos?

( AM or PM )

Today  Yesterday  More than 24 hours ago or doesn't smoke

5. Have you received a blood transfusion in the past 2 months?

Yes  No  Don't know

6. Have you received a chemotherapy treatment in the last 12 weeks?

Yes  No  Don't know

7. Have you received a radiotherapy treatment in the last 12 weeks?

Yes  No  Don't know

**Female Only Questions:**

Are you pregnant?

Yes  No  Don't know

In what week are you?

Weeks  Don't know

**Please provide Date and Time you completed this Questionnaire:**

Date: \_\_\_\_\_ Time (HH:MM): \_\_\_\_\_ ( AM or PM )