

Unique identifier number: _____

Interview carried out: By phone In person Date and time of the interview: _____ : _____
YYYY-MM-DD hh:mm

Information on the potential donor

Last name: _____ First name: _____
Civil status: Single Common law Married Divorced Widowed Other (specify): _____
Occupation: _____

Information on the interviewee

Last name: _____ First name: _____
Relationship with the potential donor: _____
A) Do you feel that you know the potential donor well enough to answer questions regarding his medical, social and sexual history? No Yes
B) If not, do you know someone who could provide this information? No Yes
Last name: _____ First name: _____
Phone number: (_____) _____ Relationship with the potential donor: _____

Person who interviews and completes the questionnaire

Last name: _____ First name: _____
Signature: _____

Information to be imparted to the interviewee

- The evaluation process to determine suitability includes a medical history review, this questionnaire, a physical exam and a serological screening to prevent the transmission of infections or diseases to the recipients. All information remains confidential. As such, this information may be shared with organizations involved in organ and tissue donation.
- These measures aim at preventing the transmission of infectious diseases, such as hepatitis B, hepatitis C or HIV which may occur with organ or tissue transplantation.
- The complementary nature of these measures reduces the risk, but does not eliminate it entirely. Due to the window period which exists between infection and seroconversion, a negative result on a blood test does not guarantee an absence of infection or disease.
- Each question should be answered by "Yes" or "No" to the best of your knowledge.

Information supplémentaire à obtenir *seulement si non obtenue lors de la signature du consentement

Dans le cas d'un don d'organes, si des résultats doivent être transmis à la famille ou aux proches du donneur, ils seront transmis à :

Nom et prénom du médecin de la famille ou des proches (facultatif) : _____

Informations pour le coordonnateur-conseiller clinique (générales)

Pour chacune des questions répondues par « oui », spécifiez les éléments entre les parenthèses, si possible.

Porter une attention particulière aux informations obtenues puisqu'il pourrait s'agir d'une indication de distribution exceptionnelle.

Informations pour le coordonnateur-conseiller clinique (donneur potentiel pédiatrique)

Si l'enfant est âgé de 28 jours ou moins et rien ne porte à croire qu'il a été exposé à un agent infectieux véhiculé par le sang après sa naissance, seuls des échantillons sanguins pour effectuer les tests sérologiques de substitution chez la mère naturelle sont nécessaires.

Si l'enfant est âgé de 18 mois ou moins ou allaité au cours des 12 derniers mois, la mère naturelle et l'enfant doivent fournir un échantillon sanguin pour effectuer les tests sérologiques requis.

De plus, la mère naturelle doit être évaluée à l'égard des comportements à risque de maladies transmissibles et selon la section « Questions supplémentaires concernant les antécédents de la mère naturelle d'un enfant âgé de 18 mois ou moins ou qui a été allaité au cours des 12 derniers mois ».

Si l'enfant est âgé de plus de 18 mois et moins de 11 ans et non allaité au cours des 12 derniers mois, l'enfant doit être évalué à l'égard des comportements à risque de maladies transmissibles seulement pour les questions de la section « Informations concernant les comportements à risque de maladies transmissibles » marquées d'une étoile.

Appendix attached : Humans tissues (ENR-00956) _____

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Pediatric potential donor ONLY

- A) Child's age: 18 months or less
 more than 18 months and less than 5 years old

B) (CHILD LESS THAN 5 YEARS OLD) Was he breastfed in the last 12 months? No Yes N/A

ADDITIONAL QUESTIONS REGARDING THE HISTORY FOR BIRTH MOTHER OF AN INFANT 18 MONTHS OR LESS OR WHO WAS BREASTFED IN THE PAST 12 MONTHS (CHILD LESS THAN 5 YEARS OLD)

1. **Have you been hospitalized in the last 48 hours?**

No Yes ► If yes, specify (weight): _____ kg et compléter une grille de dilution plasmatique pour la mère.

2. a) **Did you receive prenatal care?**

No Yes ► If yes, specify: _____

b) **Did you ever suffer of tuberculosis or did you ever have a positive skin test for tuberculosis or been treated for it?**

No Yes ► If yes, specify (date, treatment, if preventative treatment only): _____

c) **Did you ever suffer of liver disease, hepatitis or have a history of jaundice?**

No Yes ► If yes, specify (type, when, treatment): _____

d) **Did you ever receive a diagnosis, have been investigated or treated of one of the following infections or diseases?**

Type : Cytomegalovirus (CMV) Herpes simplex virus Herpes zoster (shingles)
 Epstein-Barr Virus (EBV) (Mononucleosis) Toxoplasmosis Varicella (chicken pox)

No Yes ► If yes, specify (when): _____

e) **Did you ever receive a suspected or confirmed diagnosis of one of the following diseases?**

Type : Chagas Ebola
 H1N1 (Influenza A) Severe Acute Respiratory Syndrome (SARS)
 Zika virus (during pregnancy) Other (specify) : _____

No Yes ► If yes, specify (date, duration, is it still active or being treated?): _____

f) **How would you describe your health during your pregnancy?**

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Pediatric potential donor ONLY**3. Was the child born in a medical facility?** No ► If not, specify (where): Yes ► If yes, specify (establishment): _____

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General health information FOR ALL POTENTIAL DONORS

1. a) **Has he ever been hospitalized or undergone a surgical procedure, suffered or presented signs of major illnesses or severe infections?**

(including psychiatric facility)

- No Yes ► If yes, specify (type, duration, date, reason, physician's name, health facility, in case of infection, is it still active or being treated?):

- b) **When did he last visit his physician and for what reason(s)?**

Specify (date, reason, physician's name, phone number, health facility): _____

- c) **In the past two (2) years, did he consult a physician?**

- No Yes ► If yes, specify (date, reason, physician's name, health facility): _____

- d) **How would you describe his general health condition?**

2. **Did he ever receive human growth hormone?**

- No Yes ► If yes, specify (when, country, reason):

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General health information FOR ALL POTENTIAL DONORS

3. Was he taking any medication on a regular basis (including any over the counter drugs, vitamins, natural health products and supplements)?

No Yes ► If yes, specify (name, which one, since when, reason(s)):

4. Was he having potentially fatal allergies (nuts, seafood, penicillin, latex, etc.)?

No Yes ► If yes, specify (allergen, type of reaction): _____

5. a) Did he ever receive blood transfusions or blood derived products?

No ► If not, pass to question 6.

Yes ► If yes, specify (type, country, date, reason(s)) and answer question **5b**): _____

b) Did he ever receive blood transfusions or blood derived products in Western Europe, France or Great Britain since 1980?

No Yes ► If yes, specify (when): _____

6. Was he ever refused as a blood donor or told not to donate?

No Yes ► If yes, specify (when, why):

7. a) In the past six (6) months, was he bitten by an animal?

No Yes ► If yes, specify (type of animal, when, treatment): _____

b) If yes, was he treated as if the animal was rabid?

No Yes ► If yes, specify (when, treatment):

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General health information FOR ALL POTENTIAL DONORS

8. a) In the past 12 months, did he receive a vaccine?

No Yes ▶ If yes, specify the type.

Type: Hepatitis B Influenza Rabies Smallpox
 Other (specify): _____

▶ Specify (when, reason(s), complication): _____

b) During the last eight (8) weeks, has he come into close contact* with a person who received the smallpox vaccine?

No Yes ▶ If yes, specify (when):

* Close contact is defined as a contact with a vaccination site, its bandage or any bedding or clothes being in contact with the uncovered vaccination site.

9. a) Recently, has he presented with one or more of the following signs or symptoms?

Benign rash Difficulty swallowing Difficulty with coordination Persistent fever
 Headache and physical pain Muscular weakness Neck stiffness
 No Yes ▶ If yes, specify (when):

b) In the past 120 days, did he receive a suspected or confirmed diagnosis of the West Nile Virus (WNV) infection?

No Yes ▶ If yes, specify (when):

c) Did he ever receive a diagnosis, has been investigated or treated of one of the following infections or diseases?

Type : Cytomegalovirus (CMV) Herpes simplex virus Herpes zoster (shingles)
 Epstein-Barr Virus (EBV) (Mononucleosis) Toxoplasmosis Varicella (chicken pox)
 No Yes ▶ If yes, specify (when): _____

d) Did he ever receive a suspected or confirmed diagnosis of one of the following diseases?

Type : Ebola H1N1 (Influenza A) Severe Acute Respiratory Syndrome (SARS)
 Chagas Zika virus
 No Yes ▶ If yes, specify (when, treatment): _____

e) Was he ever in direct contact or exposed to a person suffering or suspected to be suffering from one of the following diseases?

Type : Ebola H1N1 (Influenza A) Severe Acute Respiratory Syndrome (SARS)
 No Yes ▶ If yes, specify (when) : _____

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General health information FOR ALL POTENTIAL DONORS

10. Was he ever diagnosed with one of the following auto-immune or chronic degenerative diseases?

- Type:** Rheumatoid arthritis Lupus Myasthenia gravis
 Polyarteritis nodosa Sarcoidosis Other (specify): _____
 No Yes ► If yes, specify (when): _____

11. Was he ever diagnosed with cancer including leukemia, lymphoma, Hodgkin disease or myeloma?

- No Yes ► If yes, specify (type, when) and the treatment received:

 Chemotherapy Radiotherapy Medication (specify): _____

12. a) Did he ever suffer from a degenerative neurological disorder of viral or unknown origin, or from one of the following neurological or brain diseases?

- Type:** Alzheimer's Dementia Epilepsy Amyotrophic lateral sclerosis (Lou Gehrig)
 Huntington's Parkinson's Multiple sclerosis Guillain-Barré syndrome
 Prion related disease (Creutzfeldt-Jakob, variant Creutzfeldt-Jakob disease, Gerstmann-Sträussler-Scheinker, other transmissible spongiform encephalopathy)
 No Yes ► If yes, specify: _____

b) Did he ever present with one or more of the following signs?

- Signs:** Aphasia Ataxia Seizures Involuntary muscle contractions
 Periods of confusion Unsteady gait Short term memory loss
 No Yes ► If yes, specify: _____

c) Did he ever receive a dura mater transplant?

- No Yes ► If yes, specify: _____

d) Is there a family history (parents, children, sisters, brothers) of Creutzfeldt-Jakob disease or any Prion related disease?

- No Yes ► If yes, specify: _____

e) Did he ever suffer of one of the following brain infections?

- Type:** Active encephalitis of infectious or unknown etiology Progressive multifocal leukoencephalitis
 Active meningitis of infectious or unknown etiology Subacute sclerosing panencephalitis
 Poliomyelitis
 No Yes ► If yes, specify (etiology, date of end of treatment): _____

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General health information FOR ALL POTENTIAL DONORS

13. a) Did he have any history of diabetes?

No Yes ► If yes, specify the following information:

1. Type and since when: _____

2. Oral medication: _____

3. Insulin-dependent: No Yes

4. Type of insulin: _____

b) Since 1980, did he ever use bovine insulin (Iletin)?

No Yes ► If yes, specify: _____

c) (FEMALE DONOR ONLY) Was she ever diagnosed with gestational diabetes?

No Yes ► If yes, specify: _____

14. Did he ever have any of the following cardiovascular or circulatory problems?

1. Stroke?

No Yes ► If yes, specify (type, when, treatment): _____

2. Hypertension?

No Yes ► If yes, specify (type, since when, treated, controlled): _____

3. Valvular disease, chest pain or other heart problems?

No Yes ► If yes, specify (type, since when, treated, controlled): _____

4. Ulceration of lower limbs or other circulatory problems?

No Yes ► If yes, specify (type, since when, treated, controlled): _____

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General health information FOR ALL POTENTIAL DONORS

15. a) Did he ever have any of the following respiratory or pulmonary problems?

No Yes ► If yes, specify the type.

Type: Asthma Emphysema Other (specify):

► And specify (since when, use of corticosteroids): _____

b) Did he ever suffer of tuberculosis or did he ever have a positive skin test for tuberculosis or been treated for it?

No Yes ► If yes, specify (date, treatment, if preventative treatment only):

16. Did he ever suffer of liver disease, hepatitis or have a history of jaundice?

No Yes ► If yes, specify (type, when, treatment):

17. Did he ever have any intestinal or digestive problems (ulcerative colitis, Crohn's disease) or bloody stools?

No Yes ► If yes, specify (which one, since when?): _____

18. a) Did he ever suffer of frequent urinary tract infections?

No Yes ► If yes, specify (infection history and if presently active): _____

b) Did he ever suffer of a kidney infection or one or more of the following kidney problems?

Type: Cystitis Kidney stones Pyelonephritis

No Yes ► If yes, specify (if presently active or in the past, treatment, frequency):

c) Did he ever receive dialysis treatments?

No Yes ► If yes, specify (type, when, duration): _____



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General health information FOR ALL POTENTIAL DONORS

19. Is there a family history for any of the diseases or conditions referred to in questions 10 to 18?

No Yes ► If yes, specify:

20. a) Was he born outside of Canada?

No Yes ► If yes, specify (where):

b) In the last six (6) months, did he travel outside the Province of Québec or outside of Canada?

No Yes ► If yes, specify (where, date):

c) During his life, did he stay or live longer than one month outside of Canada?

No Yes ► If yes, specify (where, date):

_____ Duration: _____

d) During his life, did he ever travel outside of Canada?

No ► If not, go to question 22.

Yes ► If yes, answer the following questions.

e) In the past three (3) years, did he visit, stay or live in a country other than Canada and the United States?

No Yes ► If yes, specify (where, date):

_____ Duration: _____

f) In the last 21 days, did he travel outside of Canada?

No Yes ► If yes, specify (where, date):

This question applies only from December 1st to May 31st.

g) In the last 56 days, did he travel outside the Province of Québec?

No Yes ► If yes, test for WNV and specify (where, date):

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General health information FOR ALL POTENTIAL DONORS

21. During his travels, did he cumulate:

1. Three (3) months or more in France including Corsica and Monaco between 1980 and 1996 inclusively?

(Territories not affected: Guyane française, Guadeloupe, Martinique, Île de la Réunion, Mayotte, Saint-Pierre-et-Miquelon)

No Yes ► If yes, specify (where): _____

Duration: _____

2. Three (3) months or more in Great Britain between 1980 and 1996 inclusively?

(Angleterre, Écosse, Irlande du Nord, Île Anglo-Normandes, Île de Guernesey, Île de Jersey, Île de Man, Pays de Galles)

No Yes ► If yes, specify (where): _____

Duration: _____

3. Six (6) months or more in Saudi Arabia between 1980 and 1996 inclusively?

No Yes ► If yes, specify (where): _____

Duration: _____

4. Five (5) years or more in one or more of the following countries in Europe since 1980?

(Albanie, Allemagne, Autriche, Belgique, Bosnie-Herzégovine, Bulgarie, Croatie, Danemark, Espagne, Finlande, Grèce, Hongrie, Italie, Irlande, Lichtenstein, Luxembourg, Macédoine, Norvège, Pays-Bas, Pologne, Portugal, République d'Irlande, République tchèque, République slovaque, Roumanie, Slovénie, Suède, Suisse, Yougoslavie)

** Inclure les séjours en France incluant la Corse, Monaco et au Royaume-Uni dans le calcul.*

No Yes ► If yes, specify (where): _____

Duration: _____

22. Did he ever smoke or use tobacco products?

No Yes ► If yes, specify the type.

Type: Cigar Cigarette Pipe Other (specify): _____

► Specify (quantity, frequency, duration, quit since when): _____

23. Did he ever drink alcohol?

No Yes ► If yes, specify the type.

Type: Beer Liquor Wine Other (specify): _____

► Specify (quantity, frequency, duration, quit since when): _____

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General health information FOR ALL POTENTIAL DONORS**24. Was he ever exposed to toxic substances? (ex.: lead, mercury, pesticides, arsenic, etc.)** No Yes ▶ If yes, specify (type, frequency, treatment):

Unique identifier number: _____

Information on risk behavior for transmissible diseases

25. In the past 12 months:

★ 1. Was he ever tattooed or undergo ear or other body piercing?

No Yes ► If yes, specify (date, establishment, with sterile single-use or shared instruments/ink):

★ 2. Did he ever suffer an accidental needle stick?

No Yes ► If yes, specify (date, establishment, situation): _____

26. In the past 12 months, was he in juvenile detention, jail or prison for more than 72 consecutive hours?

No Yes ► If yes, specify: _____

27. a) In the past six (6) months, did he use intranasal cocaine?

No Yes ► If yes, specify (last use, frequency):

b) Did he ever use non-prescribed drugs or substances?

★ No Yes ► If yes, specify (last use, route, frequency):

1. In the last 12 months:

2. In the past:

Type: Amphetamine Cocaine Crystal Meth Ecstasy Hashish

Heroin Marijuana Other (specify):

28. a) In the past five (5) years, did he use a needle to inject himself intravenous, intramuscular or subcutaneous drugs for non-medicinal purposes?

No Yes ► If yes, specify:

b) In the past 12 months, did he have sexual relations with someone who may have used a needle to inject himself intravenous, intramuscular or subcutaneous drugs for non-medicinal purposes?

No Yes ► If yes, specify: _____

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Information on risk behavior for transmissible diseases

33. a) (MALE DONOR ONLY) In the past 12 months, did he ever engage in sexual relations with another man?

No Yes

b) (FEMALE DONOR ONLY) In the past 12 months, did she ever engage in sexual relations with a man who may have had sexual relations with another man in the past 12 months?

No Yes

34. In the past 21 days :

1. Did he ever engage in sexual relations with a man who received a medical diagnosis of Zika virus infection within the past six (6) months before the sexual relation?

No Yes ► If yes, specify (date, treatment): _____

2. Did he ever engage in sexual relations with a man who resided or travelled in an area affected by the Zika virus within the past six (6) months?

No Yes ► If yes, specify (date, treatment): _____

35. a) Recently, did he have one or more of the following signs or symptoms?



- | | |
|--|---|
| <input type="checkbox"/> Persistent diarrhea | <input type="checkbox"/> Fever 38.5°C (100,5 F) lasting over 10 days |
| <input type="checkbox"/> Unexplained fatigue | <input type="checkbox"/> Swollen lymph nodes for over a month |
| <input type="checkbox"/> Unusual infections | <input type="checkbox"/> Unexplained nocturnal sweats |
| <input type="checkbox"/> Nausea, vomiting | <input type="checkbox"/> Influenza symptoms (shivers, persistent cough, dyspnea, fatigue) |
| <input type="checkbox"/> Presence of blue, purple, gray or black spots on the skin or mucosa | |

No Yes ► If yes, specify: _____



b) Did he ever experience any episodes of unexplained weight loss?

No Yes ► If yes, specify (when): _____

36. Having responded to questions about medical conditions or behavioral risk factors on the potential organ donor, do you have any other concerns that would make you believe that organ donation should not proceed?



No Yes ► If yes, specify: _____

