***Disclaimer:***  Before using these resources, please consider which materials are relevant and appropriate for your National Society’s level of involvement in blood programs and modify / tailor accordingly. The use of these templates, and all associated documents referenced within, is at the user's own risk.

Example Form: Assessment of the target population

Organisation / Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENERAL

1. Are prospective donors aged between 18 and 65 years? Yes ☐ No ☐

2. Was the last campaign held more than 3 months ago? Yes ☐ No ☐

3. Is the institution located in a risk zone? Yes ☐ No ☐

4. Is there good access to the proposed location? Yes ☐ No ☐

5. Does the organisation / institution want to be involved? Yes ☐ No ☐

INFECTIOUS RISK

6. Is the population generally fit and healthy? Yes ☐ No ☐

7. Does the area have an increased risk exposure to

 malaria, syphilis or other transfusion transmissible infections? Yes ☐ No ☐

8. Has the area had any recent outbreaks or infection? Yes ☐ No ☐

OTHER FACTORS

9. Are any other events planned? Yes ☐ No ☐

EVALUATION

Does the organisation / institution meet all the conditions to conduct

the Blood Donation Campaign? Yes ☐ No ☐

COMMENTS:

Name of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_