

Donor: Please answer the following questions about your health and medical history.

Wrong ☒ Correct ☒

Donor Number

ARE YOU (# 1 ~ 3)		Yes	No	FROM 1977 TO THE PRESENT, HAVE YOU (#33~34)		Yes	No
1.	Feeling healthy and well today?	<input type="radio"/>	<input type="radio"/>	33.	Received money, drugs, or other payment for sex?	<input type="radio"/>	<input type="radio"/>
2.	Currently taking an antibiotic?	<input type="radio"/>	<input type="radio"/>	34.	Male donors: Had sexual contact with another male, even once? Female Donors: I am female. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Currently taking any other medications for an infection?	<input type="radio"/>	<input type="radio"/>				
Please read the Medication Deferral List. See attached.		Yes	No	HAVE YOU EVER (#35 ~ 48)		Yes	No
4.	Are you now taking or have you ever taken any medications on the Medication Deferral List?	<input type="radio"/>	<input type="radio"/>	35.	Had a positive test for the HIV/AIDS virus?	<input type="radio"/>	<input type="radio"/>
5.	Have you read the educational materials?	<input type="radio"/>	<input type="radio"/>	36.	Used needles to take drugs, steroids, or anything <u>not</u> prescribed by your doctor?	<input type="radio"/>	<input type="radio"/>
IN THE PAST 48 HOURS		Yes	No	37.	Used clotting factor concentrates?	<input type="radio"/>	<input type="radio"/>
6.	Have you taken aspirin or anything that has aspirin in it?	<input type="radio"/>	<input type="radio"/>	38.	Had hepatitis?	<input type="radio"/>	<input type="radio"/>
IN THE PAST 6 WEEKS		Yes	No	39.	Had malaria?	<input type="radio"/>	<input type="radio"/>
7.	Female Donors: Have you been pregnant or are you pregnant now? Male Donors: I am male. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	40.	Had Chagas' disease?	<input type="radio"/>	<input type="radio"/>
IN THE PAST 8 WEEKS HAVE YOU (# 8 ~ 10)		Yes	No	41.	Had babesiosis?	<input type="radio"/>	<input type="radio"/>
8.	Donated blood, platelets or plasma?	<input type="radio"/>	<input type="radio"/>	42.	Received a dura mater (or brain covering) graft?	<input type="radio"/>	<input type="radio"/>
9.	Had any vaccinations or other shots?	<input type="radio"/>	<input type="radio"/>	43.	Had any type of cancer, including leukemia?	<input type="radio"/>	<input type="radio"/>
10.	Had contact with someone who had a smallpox vaccination?	<input type="radio"/>	<input type="radio"/>	44.	Had any problems with your heart or lungs?	<input type="radio"/>	<input type="radio"/>
IN THE PAST 16 WEEKS		Yes	No	45.	Had a bleeding condition or a blood disease?	<input type="radio"/>	<input type="radio"/>
11.	Have you donated a double unit of red cells using an apheresis machine?	<input type="radio"/>	<input type="radio"/>	46.	Have any of your relatives had Creutzfeldt-Jakob disease?	<input type="radio"/>	<input type="radio"/>
IN THE PAST 12 MONTHS HAVE YOU (# 12 ~ 27)		Yes	No	47.	Have you ever been pregnant? If yes, how many times (includes live births, miscarriages, abortions, tubal or ectopic pregnancies) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 or more <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	Had a blood transfusion?	<input type="radio"/>	<input type="radio"/>	48.	Have you ever donated blood or blood products under a different name? If yes, what name(s) _____	<input type="radio"/>	<input type="radio"/>
13.	Had a transplant such as organ, tissue, or bone marrow?	<input type="radio"/>	<input type="radio"/>	Reviewer comments. (Blood Donor Center staff only).			
14.	Had a graft such as bone or skin?	<input type="radio"/>	<input type="radio"/>				
15.	Come into contact with someone else's blood?	<input type="radio"/>	<input type="radio"/>				
16.	Had an accidental needle-stick?	<input type="radio"/>	<input type="radio"/>				
17.	Had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus?	<input type="radio"/>	<input type="radio"/>				
18.	Had sexual contact with a prostitute or anyone else who takes money or drugs or other payment for sex?	<input type="radio"/>	<input type="radio"/>				
19.	Had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything <u>not</u> prescribed by their doctor?	<input type="radio"/>	<input type="radio"/>				
20.	Had sexual contact with anyone who has hemophilia or has used clotting factor concentrates?	<input type="radio"/>	<input type="radio"/>				
21.	Female donors: Had sexual contact with a male who has ever had sexual contact with another male? Male Donors: I am male. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
22.	Had sexual contact with a person who has hepatitis?	<input type="radio"/>	<input type="radio"/>				
23.	Lived with a person who has hepatitis?	<input type="radio"/>	<input type="radio"/>				
24.	Had a tattoo?	<input type="radio"/>	<input type="radio"/>				
25.	Had ear or body piercing?	<input type="radio"/>	<input type="radio"/>				
26.	Had or been treated for syphilis or gonorrhea?	<input type="radio"/>	<input type="radio"/>				
27.	Been in juvenile detention, lockup, jail, or prison for more than 72 hours?	<input type="radio"/>	<input type="radio"/>				
IN THE PAST 3 YEARS HAVE YOU		Yes	No				
28.	Been outside the United States or Canada?	<input type="radio"/>	<input type="radio"/>				
FROM 1980 THROUGH 1996 (#29 ~ 30)		Yes	No				
29.	Did you spend time that adds up to three (3) months or more in the United Kingdom? Review list of countries in the United Kingdom (UK).	<input type="radio"/>	<input type="radio"/>	49.	Are you feeling well and healthy today?	<input type="radio"/>	<input type="radio"/>
30.	Were you a member of the U.S. military, a civilian military employee or a dependent of a member of the U.S. military?	<input type="radio"/>	<input type="radio"/>	50.	Have you reviewed the Medication Deferral List?	<input type="radio"/>	<input type="radio"/>
FROM 1980 TO THE PRESENT, DID YOU (#31 ~ 32)		Yes	No	History Review By:			
31.	Spend time that adds up to five (5) years or more in Europe? Review list of countries in Europe.	<input type="radio"/>	<input type="radio"/>				
32.	Receive a blood transfusion in the United Kingdom or France? Review list of countries in the (UK).	<input type="radio"/>	<input type="radio"/>	Refer to TS 10400 for Key Abbreviations			

**Childrens Hospital Los Angeles
Blood Donor Center**

**Blood Donor Educational Materials:
MAKING YOUR BLOOD DONATION SAFE**

Thank you for coming in today! This information sheet explains how **YOU** can help us make the donation process safe for yourself and patients who might receive your blood. **PLEASE READ THIS INFORMATION BEFORE YOU DONATE!** If you have any questions now or anytime during the screening process, please ask blood center staff.

ACCURACY AND HONESTY ARE ESSENTIAL!

Your **complete honesty** in answering all questions is very important for the safety of patients who receive your blood. **All information you provide is confidential.**

DONATION PROCESS:

To determine if you are eligible to donate we will:

- Ask questions about health, travel, and medicines
- Ask questions to see if you might be at risk for hepatitis, HIV, or AIDS.
- Take your blood pressure, temperature and pulse
- Take a small blood sample to make sure you are not anemic

If you are able to donate we will:

- Cleanse your arm with an antiseptic. (If you are allergic to chlorhexidine gluconate or alcohol, please tell us!)
- Use a new, sterile, disposable needle to collect your blood

DONOR ELIGIBILITY – SPECIFIC INFORMATION

Why we ask questions about sexual contact:

Sexual contact may cause contagious diseases like HIV to get into the bloodstream and be spread through transfusions to someone else.

Definition of "sexual contact":

The words "have sexual contact with" and "sex" are used in some of the questions we will ask you, and apply to any of the activities below, whether or not a condom or other protection was used:

1. Vaginal sex (contact between penis and vagina)
2. Oral sex (mouth or tongue on someone's vagina, penis, or anus)
3. Anal sex (contact between penis and anus)

HIV/AIDS RISK BEHAVIORS AND SYMPTOMS

AIDS is caused by HIV. HIV is spread mainly through sexual contact with an infected person OR by sharing needles or syringes used for injecting drugs.

DO NOT DONATE IF YOU:

- Have AIDS or have ever had a positive HIV test
- Have ever used needles to take drugs, steroids, or anything not prescribed by your doctor
- Are a male who has had sexual contact with another male, even once, since 1977
- Have ever taken money, drugs or other payment for sex since 1977

- Have had sexual contact in the past 12 months with anyone described above
- Have had syphilis or gonorrhea in the past 12 months
- In the last 12 months have been in juvenile detention, lockup, jail or prison for more than 72 hours
- Have any of the following conditions that can be signs or symptoms of HIV/AIDS:
 - ✓ Unexplained weight loss or night sweats
 - ✓ Blue or purple spots in your mouth or skin
 - ✓ Swollen lymph nodes for more than one month
 - ✓ White spots or unusual sores in your mouth
 - ✓ Cough that won't go away or shortness of breath
 - ✓ Diarrhea that won't go away
 - ✓ Fever of more than 100.5 °F for more than 10 days

Remember that you CAN give HIV to someone else through blood transfusions even if you feel well and have a negative HIV test. This is because tests cannot detect infections for a period of time after a person is exposed to HIV. **If you think you may be at risk for HIV/AIDS or want an HIV/AIDS test, please ask for information about other testing facilities. PLEASE DO NOT DONATE TO GET AN HIV TEST!**

Travel to or birth in other countries

Blood donor tests may not be available for some contagious diseases that are found only in certain countries. If you were born in, have lived in, or visited certain countries, you may not be eligible to donate.

What happens after your donation:

To protect patients, your blood is tested for hepatitis B and C, HIV, certain other infectious diseases, and syphilis. If your blood tests positive it will not be given to a patient. You will be notified about test results that may disqualify you from donating in the future.

Your blood will also be tested for antibodies to a parasite, *Trypanosoma cruzi* the causative agent of Chagas' disease. If your blood tests positive it will not be given to a patient and you will be notified.

Please do not donate to get tested for HIV, hepatitis, or any other infections!

In the state of California it is a felony punishable by imprisonment for any person to donate blood to any medical center or blood bank who knows that he or she has AIDS as diagnosed by a physician or who knows that he or she has tested reactive to the etiologic agent of AIDS or the antibodies to that agent.

Thank you for donating blood today!

Childrens Hospital Los Angeles Blood Donor Center
(323) 361-2441

Childrens Hospital Los Angeles
Blood Donor Center
UNITED KINGDOM/EUROPEAN COUNTRIES LIST

UNITED KINGDOM (UK) COUNTRIES
Note: All UK countries are also part of Europe

- England
- Northern Ireland
- Scotland
- Wales
- Isle of Man
- Channel Islands
- Gibraltar
- Falkland Islands

EUROPEAN COUNTRIES

- | | |
|---|-------------------------------------|
| • Albania | • Liechtenstein |
| • Austria | • Luxembourg |
| • Belgium | • Macedonia |
| • Bosnia-Herzegovina | • Netherlands |
| • Bulgaria | • Norway |
| • Croatia | • Poland |
| • Czech Republic | • Portugal, includes the Azores |
| • Denmark | • Romania |
| • Finland | • Slovak Republic |
| • France, includes Guadeloupe, Martinique,
French Guiana and Reunion | • Slovenia |
| • Germany | • Spain, includes Ceuta and Melilla |
| • Greece | • Sweden |
| • Hungary | • Switzerland |
| • Republic of Ireland | • United Kingdom |
| • Italy | • Federal Republic of Yugoslavia |

Children's Hospital Los Angeles
Blood Donor Center**MEDICATION DEFERRAL LIST**

Please tell us if you are now taking or if you have **EVER** taken any of these medications:

- ☐ **Proscar© (finasteride)** – usually given for prostate gland enlargement
- ☐ **Avodart©, Jalyn (dutasteride)** – usually given for prostate enlargement
- ☐ **Propecia© (finasteride)** – usually given for baldness
- ☐ **Accutane©, Absorica, Amnesteem, Claravis, Myorisan, Sotret, Zenatane (isotretinoin)** usually given for severe acne
- ☐ **Soriatane© (acitretin)** – usually given for severe psoriasis
- ☐ **Tegison© (etretinate)** – usually given for severe psoriasis
- ☐ **Growth Hormone from Human Pituitary Glands** – used usually for children with delayed or impaired growth
- ☐ **Insulin from Cows (Bovine, or Beef, Insulin)** – used to treat diabetes
- ☐ **Hepatitis B Immune Globulin** – given following an exposure to hepatitis B.
NOTE: This is different from the hepatitis B vaccine which is a series of 3 injections given over a 6 month period to prevent future infection from exposures to hepatitis B.
- ☐ **Plavix (Clopidogrel) and Ticlid (Ticlopidine)** - inhibits platelet function; used to reduce the chance for heart attack and stroke.
- ☐ **Feldene** – given for mild to moderate arthritis pain.
- ☐ **Experimental Medication or Unlicensed Vaccine** – usually associated with a research protocol
- ☐ **Insulin (Human)** – used to treat diabetes
- ☐ **Warfarin (Coumadin)** – usually given to prevent thrombosis and embolism (abnormal formation of blood clots).
- ☐ **Heparin and derivatives** – usually given for anticoagulation
- ☐ **Direct Xa inhibitors, e.g. Rivaroxaban (Xarelto)** – usually given to prevent venous thromboembolism
- ☐ **Direct thrombin inhibitors e.g. Dabigatran, Pradaxa)** – usually given to prevent strokes