

# BLOOD DONOR RECORD

Unit #						
Legal Last Name	Legal First (no nicknames)	Middle Initial	Last Four Digits of SSN	Birth Date	Age	Gender M / F
Mailing Address				City	State	Zip
Home or Cell Phone		E-mail Address		Preferred method of contact?		
Date	Occupation (Optional)		Weight	When was your last meal?		
ID Check	Blood Pressure	Temp	Hct	Pulse	Comments for Phlebotomist	
Tech	Equip ID	Equip ID	Equip ID	Equip ID		
Donor ID #	Type	Eligibility Check				

Please "X" the appropriate box for each question response - you may NOT draw a line down through the answers.

<b>ARE YOU</b>		Yes	No
1	Feeling healthy and well today?	<input type="checkbox"/>	<input type="checkbox"/>
2	Currently taking an antibiotic?	<input type="checkbox"/>	<input type="checkbox"/>
3	Currently taking any other medication for an infection?	<input type="checkbox"/>	<input type="checkbox"/>
<b>IN THE PAST 48 HOURS</b>		Yes	No
4	Have you taken any medications on the Medication Deferral List in the time frames indicated? (Review the Medication Deferral List)	<input type="checkbox"/>	<input type="checkbox"/>
<b>IN THE PAST 8 WEEKS, HAVE YOU</b>		Yes	No
5	Have you read the educational materials today?	<input type="checkbox"/>	<input type="checkbox"/>
<b>IN THE PAST 8 WEEKS, HAVE YOU</b>		Yes	No
6	Have you taken aspirin or anything that has aspirin in it?	<input type="checkbox"/>	<input type="checkbox"/>
<b>IN THE PAST 8 WEEKS, HAVE YOU</b>		Yes	No
7	Donated blood, platelets or plasma?	<input type="checkbox"/>	<input type="checkbox"/>
8	Had any vaccinations or other shots?	<input type="checkbox"/>	<input type="checkbox"/>
9	Had contact with someone who was vaccinated for smallpox in the past 8 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
<b>IN THE PAST 16 WEEKS</b>		Yes	No
10	Have you donated a double unit of red cells using an apheresis machine?	<input type="checkbox"/>	<input type="checkbox"/>
<b>IN THE PAST 12 MONTHS, HAVE YOU</b>		Yes	No
11	Had a blood transfusion?	<input type="checkbox"/>	<input type="checkbox"/>
12	Had a transplant such as organ, tissue, or bone marrow?	<input type="checkbox"/>	<input type="checkbox"/>
13	Had a graft such as bone or skin?	<input type="checkbox"/>	<input type="checkbox"/>
14	Come into contact with someone else's blood?	<input type="checkbox"/>	<input type="checkbox"/>
15	Had an accidental needle-stick?	<input type="checkbox"/>	<input type="checkbox"/>
16	Had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus?	<input type="checkbox"/>	<input type="checkbox"/>
17	Had sexual contact with a prostitute or anyone else who takes money or drugs or other payment for sex?	<input type="checkbox"/>	<input type="checkbox"/>
18	Had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything not prescribed by their doctor?	<input type="checkbox"/>	<input type="checkbox"/>
19	Male donors: Had sexual contact with another male?	<input type="checkbox"/>	<input type="checkbox"/>
20	Female donors: Had sexual contact with a male who had sexual contact with another male in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
21	Had sexual contact with a person who has hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>
22	Lived with a person who has hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>
23	Had a tattoo?	<input type="checkbox"/>	<input type="checkbox"/>
24	Had ear or body piercing?	<input type="checkbox"/>	<input type="checkbox"/>
25	Had or been treated for syphilis or gonorrhea?	<input type="checkbox"/>	<input type="checkbox"/>
26	Been in juvenile detention, lockup, jail, or prison for more than 72 consecutive hours?	<input type="checkbox"/>	<input type="checkbox"/>

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IN THE PAST 3 YEARS, HAVE YOU		Yes	No
27	Been outside the United States or Canada?	<input type="checkbox"/>	<input type="checkbox"/>
FROM 1980 THROUGH 1996		Yes	No
28	Did you spend time that adds up to three (3) months or more in the United Kingdom? (Review list of countries in the UK)	<input type="checkbox"/>	<input type="checkbox"/>
29	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="checkbox"/>	<input type="checkbox"/>
FROM 1980 TO THE PRESENT, DID YOU		Yes	No
30	Spend time that adds up to five (5) years or more in Europe? (Review list of countries in Europe)	<input type="checkbox"/>	<input type="checkbox"/>
31	Receive a blood transfusion in the United Kingdom or France? (Review country lists)	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER		Yes	No
32	Female donors: 1) Have you EVER been pregnant (even if the pregnancy resulted in a miscarriage, abortion, or stillbirth)? 2) Are you pregnant now?	<input type="checkbox"/>	<input type="checkbox"/>
33	Had a positive test for the HIV/AIDS virus?	<input type="checkbox"/>	<input type="checkbox"/>
34	Used needles to take drugs, steroids, or anything <u>not</u> prescribed by your doctor?	<input type="checkbox"/>	<input type="checkbox"/>
35	Received money, drugs, or other payment for sex?	<input type="checkbox"/>	<input type="checkbox"/>
36	Had malaria?	<input type="checkbox"/>	<input type="checkbox"/>
37	Had Chagas disease?	<input type="checkbox"/>	<input type="checkbox"/>
38	Had babesiosis?	<input type="checkbox"/>	<input type="checkbox"/>
39	Received a dura mater (or brain covering) graft or xenotransplantation (non-human animal tissue) product?	<input type="checkbox"/>	<input type="checkbox"/>
40	Had any type of cancer, including leukemia?	<input type="checkbox"/>	<input type="checkbox"/>
41	Had problems with your heart or lungs?	<input type="checkbox"/>	<input type="checkbox"/>
42	Had a bleeding condition or a blood disease?	<input type="checkbox"/>	<input type="checkbox"/>
43	Have any of your relatives had Creutzfeldt-Jakob disease?	<input type="checkbox"/>	<input type="checkbox"/>

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I have volunteered to be a whole blood donor. I understand that there is a limit to the number and types of components that I can donate each year.

The hazards of the procedure include the following: 1) Complications such as a hematoma (bruise), localized infection at the venipuncture site, nerve or tendon injury, thrombophlebitis, or delayed and/or excessive bleeding from the needle site; 2) Vasovagal symptoms including severe sweating, nausea, vomiting, light headedness, fainting, or seizures. These symptoms may vary from mild to life threatening.

I agree not to donate if I feel that my lifestyle puts me at risk for being exposed to or contracting infectious hepatitis and/or the AIDS virus. I understand that I may call back after my donation if I feel that I need to notify someone that I may be in a high risk group.

I have received complete information regarding research protocols associated with any investigational testing that may currently be required by the FDA. I agree that my blood may be used in the research protocol presented to me.

I have had an opportunity to ask questions about this procedure. I understand the blood donation process, and the risks of the procedure. I have had a chance to refuse to donate. I certify that I have answered all questions truthfully regarding my travel history, present and prior illnesses, symptoms and physical conditions. I voluntarily donate my blood to Garth Englund Blood Center (part of University of Colorado Health) to use at its discretion.

Donor Signature		Date	Witness	
Scale #	Lot #	Start Time	Elapsed Time	Unit #
Donor Acceptable for donation? Yes / NO		Evaluated & Deem'd By _____		
Arm Inspection	Mobile Location/Site	Rec'd By _____		

**Attachment A: MEDICATION DEFERRAL LIST**

**SOME MEDICATIONS MAY AFFECT YOUR ELIGIBILITY TO DONATE BLOOD  
 PLEASE TELL US IF YOU...**

Are being treated with the following types of medications ...	or have taken ...	which is also called ...	in the last ...
Anti-platelet agents (usually taken to prevent stroke or heart attack)	Feldene	piroxicam	2 Days
	Effient	prasugrel	7 Days
	Brilinta	ticagrelor	
	Plavix	clopidogrel	14 Days
	Ticlid	ticlopidine	
	Zontivity	vorapaxar	
Anticoagulants or "blood thinners" (usually to prevent blood clots in the legs and lungs and to prevent strokes)	Xarelto	rivaroxaban	2 Days
	Fragmin	dalteparin	
	Lovenox	enoxaparin	
	Pradaxa	dabigatran	
	Eliquis	apixaban	
	Savaysa	edoxaban	7 Days
	Coumadin	warfarin	
	Warfilone		
	Jantoven		
	Heparin, low molecular weight heparin	heparin	
Acne treatment	Arixtra	fondaparinux	1 Month
	Accutane	isotretinoin	
	Amnestem		
	Absorica		
	Claravis		
	Myocisan		
	Sotret		
	Zenatane		
Hair loss remedy	Propecia	finasteride	1 Month
Prostate symptoms	Proscar	finasteride	
Prostate symptoms	Avodart	dutasteride	6 Months
	Jalyn		
Basal Cell Skin Cancer	Erivedge	vismodegib	7 Months
Relapsing Multiple Sclerosis	Aubagio	teriflunomide	2 Years
Psoriasis	Soriatane	acitretin	3 Years
	Tegison	Etretinate	Ever
Hepatitis exposure	Hepatitis B Immune Globulin	HBIG	12 Months
Experimental Medication or Unlicensed (Experimental) Vaccine			12 Months, or as indicated by Medical Director
Growth hormone from human pituitary glands (No longer available in the US)			Ever
Insulin from Cows (Bovine or Beef) manufactured in the United Kingdom (No longer available in the US)			Ever

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**DO NOT** discontinue medications prescribed or recommended by your physician in order to donate blood. See next page for more information about why these medications affect blood donation.

***Some medications affect your eligibility as a blood donor, for the following reasons:***

**Anti-platelet agents affect platelet function**, so people taking these drugs should not donate platelets for the indicated time; however, you may still be able to donate whole blood.

**Anticoagulants or "blood thinners"** are used to treat or prevent blood clots in the legs, lungs, or other parts of the body, and to prevent strokes. These medications affect the blood's ability to clot, which might cause excessive bruising or bleeding when you donate.

**Isotretinoin, finasteride, dutasteride, acitretin, and Etretinate** can cause birth defects. Your donated blood could contain high enough levels to damage the unborn baby if transfused to a pregnant woman. Once the medication has been cleared from your blood, you may donate again.

**Erivedge (vismodegib), Aubagio (teriflunomide)** can cause birth defects or the death of an unborn baby if transfused to a pregnant woman. Once the medication has been cleared from your blood, you may donate again.

**Growth hormone from human pituitary glands** was prescribed for children with delayed or impaired growth. The hormone was obtained from human pituitary glands, which are in the brain. Some people who took this hormone developed a rare nervous system condition called Creutzfeldt-Jakob Disease (CDJ, for short).

**Insulin from cows (bovine, or beef, insulin)** is an injected medicine used to treat diabetes. If this insulin came to the United States from the United Kingdom (where "mad cow disease" has occurred) it could contain material from cattle that have "mad cow disease." Although no cases of the human type of "mad cow disease" have been reported in people treated with bovine (beef) insulin, there is concern that someone exposed to "mad cow disease" through beef insulin could transmit it to someone who receives their blood.

**Hepatitis B Immune Globulin (HBIG)** is an injected material used to prevent hepatitis B infection following a possible or known exposure to hepatitis B. HBIG does not prevent hepatitis B infection in every case, therefore, persons who have received HBIG must wait to donate blood.

**Experimental Medication or Unlicensed (Experimental) Vaccine** is usually associated with a research study, and the affect on the safety of transfused blood is unknown.

***Donors SHOULD NOT discontinue medications prescribed or recommended by their physician in order to donate blood.***

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## Attachment A: Blood Donor Educational Material

### **READ THIS BEFORE YOU DONATE!**

We know that you would not donate unless you think your blood is safe. However, in order for us to assess all risks that may affect you or a patient receiving a transfusion, it is essential that you answer each question completely and accurately. If you don't understand a question, ask the blood center staff. All information you provide is confidential.

#### **To determine if you are eligible to donate we will:**

- Ask about your health and travel
- Ask about medicines you are taking or have taken
- Ask about your risk for infections that can be transmitted by blood – especially AIDS and viral hepatitis
- Take your blood pressure, temperature and pulse
- Take a blood sample to be sure your blood count is acceptable

#### **If you are eligible to donate we will:**

- Clean your arm with an antiseptic. Tell us if you have any skin allergies
- Use a new, sterile, disposable needle to collect your blood

### **DONOR ELIGIBILITY – SPECIFIC INFORMATION**

Certain diseases, such as AIDS and hepatitis, can be spread through sexual contact and enter your bloodstream. We will ask specific questions about sexual contact.

#### **What do we mean by “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:

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

#### **HIV/AIDS risk behaviors**

HIV is the virus that causes AIDS. It is spread mainly by sexual contact with an infected person OR by sharing needles or syringes used by an infected person for injecting drugs.

#### **Do not donate if you:**

- Have AIDS or have ever had a positive HIV test
- Have EVER used needles to take any drugs not prescribed by your doctor
- Are a male who has had sexual contact with another male, **IN THE PAST 12 MONTHS**
- Have EVER taken money, drugs or other payment for sex

- Have had sexual contact in **IN THE PAST 12 MONTHS** with anyone described above
- Have had syphilis or gonorrhea **IN THE PAST 12 MONTHS**
- Have been in juvenile detention, lockup, jail or prison for more than 72 consecutive hours **IN THE PAST 12 MONTHS**

Your blood can transmit infections, including HIV/AIDS, even if you feel well and all your tests are normal. This is because even the best tests cannot detect the virus for a period of time after you are infected.

**DO NOT donate to get a test!** If you think you may be at risk for HIV/AIDS or any other infection, do not donate simply to get a test. Ask us where you can be tested outside the blood center.

The following symptoms can be present before an HIV test turns positive:

- Fever
- Enlarged lymph glands
- Sore throat
- Rash

**DO NOT donate if you have these symptoms!**

#### **Travel to or birth in other countries**

Blood donor tests may not be available for some infections 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 several types of hepatitis, HIV, syphilis, and other infections. If your blood tests positive it will not be given to a patient. There are times when your blood is not tested. If this occurs, you may not receive any notification. You will be notified about any positive test result which may disqualify you from donating in the future. The blood center will not release your test results without your written permission unless required by law (e.g. to the Health Department).

### **THANK YOU FOR DONATING BLOOD TODAY!**

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Earth Englund Blood Center

Part of University of Colorado Health

970-495-8965



**Attachment A: vCJD COUNTRIES OF RISK - EUROPE**

Albania	Liechtenstein
Austria	Luxembourg
Belgium	Macedonia
Bosnia-Herzegovina	Montenegro
Bulgaria	Netherlands (Holland)
Croatia	Norway
Czech Republic	Poland
Denmark	Portugal, including the Azores
Finland	Romania
France, including its overseas departments: <ul style="list-style-type: none"> <li>• French Guiana</li> <li>• Guadeloupe</li> <li>• Martinique</li> <li>• Mayotte</li> <li>• Reunion</li> </ul>	Spain, including: <ul style="list-style-type: none"> <li>• Canary Islands</li> <li>• Ceuta</li> <li>• Melilla</li> <li>• Isla Alboran</li> <li>• Penon de Velez de la Gomera</li> <li>• Penon de Alhucemas</li> <li>• Isla Chafarinas</li> </ul>
Germany	Serbia
Greece	Slovak Republic
Hungary	Slovenia
Republic of Ireland	Sweden
Italy	Switzerland
Kosovo	Federal Republic of Yugoslavia

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