

Department of Pathology and Laboratory Services  
 AJH Main Laboratory and AJH Cancer Center Laboratory

**Are you:**

- 1. Feeling healthy and well today?  Y  N
- 2. Currently taking an antibiotic?  Y  N
- 3. Currently taking any medication for an infection?  Y  N

**Please read the medication deferral list**

- 4. Have you ever taken any medication on the medication deferral list?  Y  N

Name(s) of Medication: \_\_\_\_\_  
 \_\_\_\_\_

- 5. Have you read the educational materials and had your questions answered?  Y  N

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**In the past six (6) weeks:**

- 6. Female Donor: Have you been pregnant or are you pregnant now?  Y  N  
 Male Donor:  N/A

**In the past eight (8) weeks:**

- 7. Donated blood, platelets, or plasma  Y  N
- 8. Had any vaccinations or other injections?  Y  N
- 9. Had contact with someone who had a small pox vaccination?  Y  N

**In the past sixteen (16) weeks:**

- 10. Have you donated a double unit of red blood cells using an apheresis machine?  Y  N  
 Are you a hemochromatosis donor?  Y  N

**In the past 3 months have you:**

- 11. Had a blood transfusion?  Y  N
- 12. Come into contact with someone else's blood?  Y  N
- 13. Had an accidental needle stick?  Y  N
- 14. Had sexual contact with anyone who has had HIV/AIDS or has had a positive test for the HIV/AIDS virus?  Y  N
- 15. Had sexual contact with a prostitute or someone who takes money, drugs or other payment for sex?  Y  N
- 16. Had sexual contact with anyone who has used needles to take drugs or steroids, or anything not prescribed by a doctor?  Y  N
- 17. Male Donor: Had sexual contact with another male?  Y  N  
 Female Donor:  N/A
- 18. Female Donor: Had sexual contact with a male who has had sexual contact with another male?  Y  N  
 Male Donor:  N/A
- 19. Had a tattoo?  Y  N
- 20. Had ear or body piercing?  Y  N
- 21. Been treated for syphilis or gonorrhea?  Y  N
- 22. Used needles to take drugs, steroids, or anything NOT prescribed by your doctor?  Y  N
- 23. Received money, drugs, or other payment for sex?  Y  N

Comments \_\_\_\_\_  
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**In the past 12 months have you:**

- 24. Had a transplant such as organ tissue or bone marrow?  Y  N
- 25. Had a graft such as bone or skin?  Y  N
- 26. Had sexual contact with a person who has hepatitis?  Y  N
- 27. Lived with a person who has hepatitis?  Y  N
- 28. Been in juvenile detention, lockup, jail or prison for more than 72 hours?  Y  N

**In the past 3 years have you:**

- 29. Been outside the U.S. or Canada?  Y  N

**From 1980 through 1996, did you :**

- 30. Spend time that adds up to (3) months or more in the United Kingdom? (Review list of countries in the UK)  Y  N

**From 1980 to 2001, did you:**

- 31. Spend time that adds up to five (5) years or more in France or Ireland?  Y  N

**From 1980 to the present, did you:**

- 32. Receive a blood transfusion in France, Ireland or the United Kingdom? (Review list of countries in the UK)  Y  N

**Have you EVER:**

- 33. Had a positive test for HIV/AIDS virus?  Y  N
- 34. Had hepatitis?  Y  N
- 35. Had Malaria?  Y  N
- 36. Had Chaga's Disease?  Y  N
- 37. Had Babesiosis?  Y  N
- 38. Received a dura mater (or Brain covering) graft or xenotransplantation product?  Y  N
- 39. Had any type of cancer, including leukemia?  Y  N
- 40. Had any problems with your heart or lungs?  Y  N
- 41. Had a bleeding condition or a blood disease?  Y  N
- 42. Have you ever been diagnosed with Ebola viral infection or disease or have you been in close contact with someone that has been diagnosed with Ebola viral infection or disease?  Y  N

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Questions:**

- 1. Have you had diarrhea in the past seven (7) days?  Y  N
- 2. Have you lived in Central or South America?  Y  N
- 3. Have you been in Iraq in the last year?  Y  N
- 4. Have you ever tested positive for Lyme Disease?  Y  N  
If yes, When? \_\_\_\_\_
- 5. Are you currently taking medications for high blood pressure?  Y  N  
If yes, name of Medication: \_\_\_\_\_
- 6. Would you like to have a free cholesterol test and have us keep a record of the result?  Y  N
- 7. Have you ever used ANY form of synthetic cannabinoids/marijuana?  Y  N

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have understood and answered these questions to the best of my ability. I understand that I may withdraw my donation for transfusion during or following donation, using the DIN number provided to me for confidentiality.

Donor Signature \_\_\_\_\_ Donor Name \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Witness Name \_\_\_\_\_ Date \_\_\_\_\_