

Donor Reference Manual

Principle:

The *Donor Reference Manual (DRM)* is a standard operating procedure that compliments the *Donor Medical Review* form. The Medical Interviewer will use it to aid her/him in interpreting donor responses to the “Donor History Questions” section. If the *DRM* clearly describes what to do in a particular situation, then the Medical Interviewer may take action on the matter (i.e., defer or accept the donor) without consulting the Medical Director. For instance, if a donor states that s/he has had viral hepatitis during the past 3 years, the Medical Interviewer must defer her/him from donating blood for 3 years following recovery from the infection, based upon the guidance of the *DRM*. Remember, though, that whenever a situation arises for which the *DRM* does not give clear guidance, the Medical Interviewer must consult with the Medical Director before moving forward. In such circumstances, the Medical Director will decide whether or not the donor will be eligible to give blood.

Materials:

Donor Medical Review form

Procedure:

Whenever a donor’s response to one or more of the “Donor History Questions” is outside of the ordinary, the Medical Interviewer should consult the *DRM* for guidance. For example, if the donor were to say “yes” to Question 6 (“*Have you ever had cancer, a blood disease, or a bleeding disorder?*”), the Medical Interviewer would then follow the instructions in the *DRM* in order to resolve the situation. In this case, if, after further questioning by the Medical Interviewer, the donor were to state that s/he had a small squamous cell cancer of the skin removed last month, then the Medical Interviewer would document that the response is acceptable, and move forward to the next question. If, however, the donor’s response were not acceptable (e.g., s/he reported a past diagnosis of malignant melanoma or leukemia), the Medical Interviewer would document this as a reason for deferring the donor, and close the interview process.

Following are our recommended interpretations for each of the “Donor History Questions.” When reviewing it, bear in mind that, in exceptional circumstances, the Medical Director has the authority to make exceptions in almost all donor eligibility situations that might arise.

Question 1: In the past 8 weeks, have you donated blood here or anywhere else?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--When was the donation?--

If < 56 days ago, the donor should remain temporarily deferred until the 56-day period has passed. This is done for the protection of the donor. The only time an exception may be made is if there is an urgent need for blood components, in which case the Medical Director, or a designee, can approve drawing the donor early.

Question 2: Have you for any reason been deferred or refused as a blood donor or told not to donate blood?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--When and why were you refused?
--If you were refused for medical reasons, does the condition still exist?
--Was it as a result of donor disease testing?
--Who notified you, and for what reason?
--Were you sent a letter asking you not to donate blood again?

THEN PROCEED AS DIRECTED BELOW:

Hemoglobin/Hematocrit—If, in the past, the donor was temporarily deferred for a low hemoglobin/hematocrit, s/he may donate today, so long as the hemoglobin/hematocrit now is acceptable.

Vital Signs—If the donor previously was deferred for an abnormal pulse, temperature, or blood pressure, s/he may donate today, so long as the vital signs are normal.

Medications—If the donor was deferred due to a medication, find out: (a) what was the reason for the medication? (b) are the symptoms gone? and (c) when was the prescription finished? Then refer the issue to the Medical Director or his designee.

High Risk Behavior—Refer to appropriate question in the “Donor History Questions” section of the *Donor Medical Review*. Some high-risk behaviors can lead to temporary deferrals (e.g., sexual contact with a prostitute), while others lead to indefinite deferrals (e.g., if the donor says s/he is infected with HIV).

Miscellaneous Medical Problems—Refer to the appropriate part of the “Donor History Questions” section. Some miscellaneous medical problems are associated with indefinite deferrals (e.g., severe heart disease, certain types of cancer, etc.), while others are cause for temporary deferral (e.g., tuberculosis, gonorrhea, etc.).

Donor Disease Testing—Refer to Medical Director or his designee any case involving a donor who says that s/he previously has had abnormal donor disease testing results.

Question 3: Are you feeling well and healthy today?

IF YES: ACCEPT

IF NO: ASK FOLLOW-UP QUESTIONS

--Would you please explain why you are not feeling healthy today?
--Are you taking any medications?
--Have you seen your doctor for your condition?
--How long have you been feeling this way?

ACCEPT IF:

Donor appears to be in good health and is afebrile.

Donor recently had an acute, self-limited infection (e.g., a cold), but has had no signs or symptoms for the past 48 hours.

Donor recently has undergone orthopedic surgery, and the surgical site has healed, even if s/he still is undergoing physical therapy.

EVALUATE WITH MEDICAL DIRECTOR OR DESIGNEE IF:

--Donor has pain, cough, headache, nausea, dizziness, menstrual cramps, or extreme nervousness.

DEFER IF:

Donor is febrile.

Donor has chills, sore throat, earache, or a productive cough.

Donor currently has a medical problem for which s/he is undergoing a series of diagnostic examinations, blood tests, electrocardiograms, etc. (until situation has been clarified).

Question 4: In the past 12 months, have you been under a doctor's care or had a major illness or surgery?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

<p>--What and when was the illness or surgery? --Why did you have the treatment or surgery? --When was the last episode? --Was blood transfused, or were injections given? --Did you receive treatment or surgery after the diagnosis? --Is the condition resolved? --Are you released from a doctor's care, and have you returned to daily activities? --Are you taking any medications for this problem?</p>
--

ACCEPT IF:

Donor's surgery was uncomplicated, the site has fully healed, and full activity has resumed (so long as the reason for the surgery is not also a cause for deferral).

Donor is undergoing physical therapy or rehabilitation for an orthopedic problem, but the surgical site has healed, and s/he and is otherwise healthy.

Donor has fully recovered, and has resumed normal daily activities (so long as the illness itself is not also a cause for deferral).

Donor is diabetic, so long as the diabetes is well controlled (i.e., no medication changes in the past two weeks and no recent worsening in medical condition).

Donor recently suffered from acute kidney-related ailments (e.g., stones, infection), so long as s/he has fully recovered.

Donor has epilepsy (see immediately below for guidelines)

- *Generalized (grand mal) seizures are acceptable if:*
 - ▶ *Donor has been seizure-free for > 1 month*
 - ▶ *Donor is being effectively treated with an anti-convulsant medication*
- *Local, focal (petit mal) seizures are acceptable if:*
 - ▶ *Donor is being effectively treated with an anti-convulsant medication.*

Donor recently experienced a fainting spell, so long as the explanation is reasonable (e.g., traumatic experience, heat stroke, blood loss, hypoglycemia). Questionable histories should be referred to the Medical Director or his designee.

Donor has had certain forms of cancer (see Question 6 for details).

Donor has a history of Grave's, Addison's or other endocrine disease, so long as the problem has been treated, and s/he is stable on maintenance medications.

TEMPORARILY DEFER IF:

Donor has had recent anaphylaxis due to allergies (defer for 1 month).

Donor has experienced generalized (grand mal) seizure/convulsion if the donor has had a seizure in the past month (defer one month from the date of the seizure).

Donor has had surgery or illness requiring a blood transfusion (defer for 12 months).

Donor is a woman who received Rh immune globulin following delivery or termination of a pregnancy (defer for 6 months).

Donor has diabetes that is not under control, or when medications have been changed during the past 2 weeks (defer for 2 weeks).

Donor has recent history of cancer (defer for 1 year following successful completion of therapy; ***Exceptions—Melanoma, multiple myeloma, and leukemia, for which deferral period is indefinite.***)

EVALUATE BY MEDICAL DIRECTOR OR DESIGNEE IF:

Donor has any chronic or questionable conditions not covered above.

Donor has "minor" diabetic complications (e.g., mild neuropathy, very early but non-progressive retinal changes, etc.).

Donor reports a history of frequent fainting spells not caused by blood donations.

INDEFINITELY DEFER IF:

Donor has a history of chronic kidney disease.

Donor has sickle cell *disease* (and not the *trait*, which is acceptable).

Donor has thalassemia *major* (however, thalassemia *minor* is acceptable, so long as donor's hemoglobin/hematocrit is sufficiently high).

Donor has G-6PD (Glucose-6-Phosphate Dehydrogenase) deficiency.

Donor has active rheumatoid arthritis.

Question 5: Have you ever had chest pain, heart disease, and/or recent severe respiratory disease?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

For Chest Pain or Heart Disease

--If chest pain, when? How strong? Did it travel to shoulder or jaw? Was it evaluated by a doctor?
Diagnosis? Treatment? Medications?
--If heart disease, what kind? How is it being managed? Do you still have symptoms? Treatment?
--If heart surgery, when? For what reason?

ACCEPT IF:

History of rheumatic fever and all of the following apply: (a) resolved for ≥ 2 years; (b) there is no residual damage; (c) there are no cardiac symptoms; (d) donor is otherwise healthy; (e) donor is not currently being treated for rheumatic fever; (f) there are no vascular symptoms.

Myocarditis (if resolved without significant residual damage).

Mitral valve prolapse if all of the following apply: (a) no symptoms (e.g., chest pain, palpitations, shortness of breath, and/or fatigue); (b) pulse is regular; (c) donor is not under any physician-ordered restrictions; and (d) donor is not on anti-arrhythmic medication(s).

History of high blood pressure, so long as today: (a) the blood pressure is within acceptable limits (i.e., no higher than 180/100); and (b) no side effects or cardiovascular disease exist.

Heart murmur, so long as benign or uncomplicated and not associated with heart irregularities/failure, or use of cardiac medication.

Congenital heart defect (e.g., atrial septal defect, patent ductus arteriosus, etc.), so long as it has been corrected surgically and the donor is free of heart disease.

History of pulmonary embolism not associated with heart disease, so long as it has been resolved for ≥ 6 months.

EVALUATE BY MEDICAL DIRECTOR/DESIGNEE IF:

History of arrhythmia treated or controlled by medications.

Mitral valve prolapse when either asymptomatic or on medication.

History of coronary artery disease if corrected successfully with surgery.

Pacemaker used for physiologic diagnoses (e.g., bradycardia).

Conduction defects, when surgically corrected (e.g., Wolf-Parkinson-White).

INDEFINITELY DEFER IF:

*The Jo Ann Medical Center Blood Bank
Tbilisi, Georgia*

Cardiac conduction defect that has not been corrected by surgery or pacemaker.

Ongoing coronary artery disease without corrective surgery or angioplasty.

History of angina.

Previous myocardial infarction, transient ischemic attack (TIAs), cerebrovascular accident (stroke), and/or carotid artery stenosis.

History of heart disease now requiring the use of a pacemaker.

History of rheumatic heart disease or myocarditis with known residual damage (e.g., valve lesions).

Mitral valve prolapse (if symptomatic).

Heart murmur due to aortic stenosis or rheumatic heart disease.

Recent atrial fibrillation or other significant arrhythmia.

Systemic atherosclerosis.

Pulmonary embolism if either: (a) associated with heart disease, or (b) recurrent.

For Respiratory Disease

--What type of respiratory disease?

--Do you have symptoms now?

--Have you had any treatment? If so, how long ago?

ACCEPT IF:

History of tuberculosis, so long as any of the following apply: (a) Treated for active disease and now symptom-free, off medications for ≥ 2 months, and with negative chest X-ray; or (b) Positive skin test, but no active disease (taking isoniazid is acceptable).

Asthma if: any of the following apply: (a) asthma is very mild; or (b) asthma previously has been more serious, but now is well controlled.

TEMPORARILY DEFER IF:

Symptoms of bronchial asthma or infectious bronchitis. Defer until asymptomatic for ≥ 48 hours *and* off antibiotics for ≥ 48 hours.

Skin test (PPD) performed for possible exposure. Defer until test results have been interpreted.

INDEFINITELY DEFER IF:

Active tuberculosis.

Bronchiectasis.

Moderate-to-severe chronic bronchitis.

Emphysema.

Pulmonary fibrosis or restrictive lung disease.

Question 6: Have you ever had cancer, a blood disease, or a bleeding disorder?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

Cancer
What type of cancer?
Has it been more than a year since you were treated?

ACCEPT IF:

Donor's cancer is in remission, and it has been ≥ 1 year since he was last treated (however, myeloma, leukemia, and melanoma patients remain permanently deferred).

Donor had *in situ* cervical cancer.

Donor had basal cell or squamous cell carcinoma of the skin that has been completely excised or irradiated.

INDEFINITELY DEFER IF:

Melanoma or melanoma in-situ.

Myeloma.

Leukemia.

Blood Disease or Bleeding Problems
--What kind of blood disease?
--Are you a hemophiliac?
--Do you bleed a long time when you have a cut, teeth pulled after surgery, or during childbirth?
--Have you ever received blood, blood components, or plasma derivatives (e.g., factor VIII, factor IX, etc.)?
--Have you ever been seen by a physician for this problem?

ACCEPT IF:

Sickle cell *trait* (**however, do not use red blood cells for neonates and do not draw in a CPDA-1 QUAD bag**).

EVALUATE BY MEDICAL DIRECTOR OR DESIGNEE IF:

Thalassemia minor (if hemoglobin is acceptable).

Childhood ITP (if donor has remained in complete remission since childhood).

Von Willebrand's Disease (however, alert laboratory not to release platelets or plasma for transfusion purposes).

Mild porphyria.

INDEFINITELY DEFER IF:

Sickle cell disease.

Thalassemia major.

Hemophilia.

Hemochromatosis.

Thrombocytopenia.

ITP requiring medications.

Donor has had any of the following diseases: (a) myelodysplasia; (b) chronic myeloproliferative disorder (e.g., polycythemia vera, myeloid dysplasia with myelofibrosis, chronic myelogenous leukemia).

Question 7: Have you ever had malaria?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--Were you diagnosed by a physician as having malaria?
--Where and when did you travel?

ACCEPT IF:

Donor has a history of treated malaria that has been asymptomatic for ≥ 3 years .

TEMPORARILY DEFER IF:

Donor has been symptomatic for malaria during the past 3 years.

Question 8: In the past 4 weeks, have you taken any pills or medications?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--What medication(s) are you taking and why?
--Have you taken the complete course?
--If so, when was the course completed?

ACCEPT IF:

Vitamins, weight reduction pills, replacement hormones, and oral contraceptives.

Mild non-steroidal antiinflammatory drug (so long as it is not being taken for coronary artery disease).

Antibiotics

--OK if for acne or other benign skin condition (e.g., rosacea)

--OK if last dose was ≥ 48 hours ago and the patient has been asymptomatic ≥ 48 hours

--OK for asymptomatic, well controlled Crohn's disease

(Note: Remember that in most other situations, donors on antibiotics will not be eligible—see below).

Isoniazid, when being given for a positive tuberculin test with a negative chest X-ray (i.e., no evidence of active tuberculosis).

Blood pressure medications (all are OK so long as: (a) blood pressure is within the acceptable limits described in the "Vital Signs SOP"; and (b) donor is free from cardiovascular symptoms and heart disease).

Hypoglycemic agents (all are OK so long as: (a) diabetes is well controlled; (b) there have been no medication changes within the past 2 weeks; and (c) there have been no major complications from the diabetes).

Anti-convulsants (see Question 4 for additional details).

Alcohol or marijuana (OK so long as not under the influence of these drugs at the time of the donation).

Antifungal agents (OK so long as one of the following applies: (a) the drug is topical; or (b) it is oral, but being used for fingernail/toenail involvement; or (c) it is oral, but hasn't been needed for ≥ 2 weeks).

Allergy medications (antihistamines and nasal steroids are OK).

EVALUATE BY MEDICAL DIRECTOR OR DESIGNEE IF:

Oral steroids taken for severe allergies.

TEMPORARILY DEFER IF:

Antibiotics (i.e., continue to defer donor until s/he no longer is symptomatic, and has been done with full course ≥ 48 hours).

Diabetic medications have been changed over the past 2 weeks.

Systemic chemotherapy (length of deferral period depends upon diagnosis).

Question 9: In the past 4 weeks, have you had any shots or vaccinations?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--What have you received and when?

TEMPORARILY DEFER FOR 24 HOURS IF:

Donor is symptom free after having been immunized with the following toxoids, and/or killed viral, bacterial, or rickettsial vaccines:

--Anthrax

--Cholera

*The Jo Ann Medical Center Blood Bank
Tbilisi, Georgia*

- Diphtheria
- Hepatitis A virus
- Hepatitis B virus
- Influenza
- Lyme disease
- Meningococcal vaccine (for meningitis)
- Paratyphoid
- Pertussis
- Plague
- Pneumonia
- Polio (this applies to Salk injected form only; see below for directions related to oral polio vaccine)
- Rocky Mountain Spotted Fever
- Tetanus (routine booster)
- Tetanus (if given for injury, so long as injury does not show evidence of infection)
- Typhoid (this applies to injected form only; see below for directions related to oral typhoid vaccine)

Donor has been injected with dyes (including radioactive dyes) for test purposes, so long as s/he otherwise is eligible

(Note: The above (dye excepted) are killed vaccines or toxoids that can not be transmitted from donor to patient).

TEMPORARILY DEFER FOR 2 WEEKS IF:

The donor was immunized for:

- BCG
- Polio (Sabin oral vaccine)
- Rabies (unless given following an animal bite—see below)
- Smallpox
- Typhoid (oral)
- Yellow fever
- Animal serum products

(Note: The above (serum products excepted) are attenuated vaccines that potentially can cause disease in immunocompromised patients).

TEMPORARILY DEFER FOR 4 WEEKS IF:

- Chicken pox/varicella zoster
- German measles (Rubella)
- Measles (Rubeola)
- Mumps

(Note: The above are attenuated vaccines that potentially can cause disease in immunocompromised patients).

TEMPORARILY DEFER FOR 1 YEAR IF:

- Rabies (following an animal bite)
 - Hepatitis B immune globulin
 - Hepatitis B virus vaccine for an exposure to hepatitis B virus-infected material.
-

Question 10: In the past 72 hours, have you used piroxicam, aspirin, or an aspirin-containing product?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--Why are you taking the medication?
--When did you last take the medication?

ACCEPT IF:

Donor takes aspirin prophylactically as has no known cardiovascular disease.

DEFER INDEFINITELY IF:

Donor has a history of significant cardiovascular disease.

Note: Because aspirin's inhibitory effect on cyclooxygenase irreversibly worsens platelet function, we will not make platelet concentrates from the whole blood of donors who are taking aspirin. The laboratory must be informed of this at the time blood is handed to them for processing.

Question 11: In the past 12 months, have you been given rabies shots?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--Were you treated due to a bite or exposure to a rabid animal?
--Were you given a vaccine prophylactically, or to prevent infection when working with animals?

TEMPORARILY DEFER FOR 2 WEEKS IF:

Donor was given rabies vaccine prophylactically or to prevent infection when working with animals.

TEMPORARILY DEFER FOR 1 YEAR IF:

Donor was given rabies vaccine due to a bite or exposure to a rabid animal.

Question 12: Female Donors—In the past 6 weeks, have you been pregnant or are you pregnant now?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--When were you pregnant?
--Are you pregnant now or trying to get pregnant?

TEMPORARILY DEFER 6 WEEKS IF:

Donor's pregnancy was within the past 6 weeks.

Donor is unsure about being pregnant

Question 13: In the past 12 months, have you been in close contact with a person with viral hepatitis or yellow jaundice?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--Is the person with hepatitis a member of your household?
--Is s/he your sexual partner?
--What kind of hepatitis does s/he have?
--Were you cut with an object that was contaminated by the blood of another person?

ACCEPT IF:

The donor had contact with a person who only had a false-positive result for viral hepatitis, and was not truly infected.

The donor had contact with a person whose hepatitis is unrelated to infection (e.g., alcoholic, autoimmune, and/or drug-induced hepatitis).

The donor had contact with an individual who recovered from viral hepatitis > 1 year ago (and the contact has been proven to be noninfectious for > 1 year).

TEMPORARILY DEFER FOR 6 MONTHS IF:

Donor received gamma globulin prophylactically, before travel.

TEMPORARILY DEFER FOR ONE YEAR IF:

Donor has resided in same household—and/or has had sexual contact—with an individual who has been confirmed to be infectious with viral hepatitis (if donor still is living with this person, see “INDEFINITELY DEFER” indications, below).

Donor received hepatitis B immune globulin and/or hepatitis B vaccine for exposure.

Donor has received gamma globulin following exposure to individual infected with viral hepatitis.

Donor is a healthcare worker in a facility with a recent outbreak of viral hepatitis.

Donor has sustained a needlestick or other type of injury involving the blood of another.

INDEFINITELY DEFER IF:

Donor's current sexual partner or household member has been diagnosed with carrier state viral hepatitis.

Question 14: In the past 12 months, have you had viral hepatitis, yellow jaundice, or a positive test for hepatitis?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--Who informed you?
--What test was positive?

ACCEPT IF:

Hepatitis was due to obstructive jaundice (e.g., related to gallstones) and not due to a viral cause.

EVALUATE BY MEDICAL DIRECTOR OR DESIGNEE IF:

Donor had false-positive test for hepatitis and has been cleared as not being infected.

Question 15: In the past 12 months, have you taken (snorted) cocaine through your nose?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--When did you last use cocaine?
--Have you snorted any other drugs; and, if so, what?

ACCEPT IF:

Donor has not used cocaine in > 1 year, states that s/he has stopped taking illicit drugs, and appears honest and reliable.

TEMPORARILY DEFER FOR ONE YEAR IF:

Donor has used cocaine or any other street drug through his/her nose.

INDEFINITELY DEFER IF:

Donor has ever *injected* cocaine or any street drug.

Question 16: In the past 12 months, have you received blood or had an organ or tissue transplant or graft?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--What kinds of transfusions did you receive?
--When did you receive the blood products?
--Why did you receive the blood products?

--Is the condition resolved?
--(If transplant) What type of transplant?

ACCEPT IF:

Transfusion was > 12 months ago, and condition is now resolved.

Transfusion consisted only of autologous blood (i.e., the patient's own blood).

Donor had an autologous tissue graft.

TEMPORARILY DEFER FOR 6 MONTHS IF:

Donor received Rh immune globulin.

Donor received gamma globulin prophylactically .

TEMPORARILY DEFER FOR ONE YEAR IF:

Donor received blood.

Donor received a skin, bone, or cornea transplant.

Donor underwent artificial insemination.

Donor received gamma globulin for a possible hepatitis exposure.

INDEFINITELY DEFER IF:

Donor received an organ transplant.

Donor received factor VIII or factor IX products.

Question 17: In the past 12 months, have you had a tattoo applied , ear or skin piercing, acupuncture, accidental needlestick, or come in contact with someone else's blood?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--If skin or ear piercing, where and how was it done?
--If acupuncture, who performed it?

ACCEPT IF:

Donor's ear piercing was performed: (a) with a new earring and ear piercing gun; or (b) in a physician's office? or (c) with a single use/self-piercing earring .

Donor's skin piercing was performed in a doctor's office.

Donor had acupuncture, which was performed: (a) in a physician's or acupuncturist's office with disposable, single-use needles; or (b) with needles reserved for—and used only by—the donor.

Donor had permanent makeup applied in a doctor's office.

Veterinarian or animal handler exposed to animal blood.

TEMPORARILY DEFER FOR 1 YEAR IF:

Donor had tattoo.

Donor underwent ear piercing that was not performed using a new earring or new ear piercing gun or performed in a physician's office.

Donor underwent skin piercing or permanent makeup that was not performed in a doctor's office.

Donor underwent acupuncture treatment that was not done with disposable or reserved needles.

Donor was exposed to blood via mucous membranes, non-intact skin, or penetrating injury.

Question 18: In the past 12 months, have you had a positive test for syphilis or been treated for syphilis or gonorrhea?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--When was it contracted? --Was it successfully treated by a physician?
--

ACCEPT IF:

Syphilis was diagnosed and treated > 12 months ago.

Donor has asymptomatic genital herpes or genital warts.

TEMPORARILY DEFER FOR 48 HOURS IF:

Donor had chlamydia, but has finished antibiotic course.

TEMPORARILY DEFER FOR 1 YEAR IF:

Donor who has an active case of syphilis.

Donor who has been successfully treated for syphilis or gonorrhea within the last 12 months (the 12 month deferral begins on the date that the patient last underwent treatment).

Question 19: In the past 12 months, have you given money or drugs to anyone to have sex with you?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--None

TEMPORARILY DEFER FOR 1 YEAR IF:

Donor has given money or drugs to another person for sex.

Question 20: In the past 3 years, have you taken money or drugs for sex?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--None

TEMPORARILY DEFER FOR 3 YEARS IF:

Donor has engaged in prostitution during the past 3 years (deferral begins the day the donor left "career" in prostitution).

Question 21: In the past 5 years, have you used a needle—even once—to take drugs that were not prescribed to you by a physician?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--What drug and why?
--Was the drug prescribed by a physician?
--If prescribed, was a single-use disposable needle used?

TEMPORARILY DEFER FOR 5 YEARS IF:

Donor previously injected, even once, drugs not prescribed by a physician.

INDEFINITELY DEFER IF:

Donor currently injects drugs not prescribed by a physician.

Question 22: Male Donors—In the past 12 months, have you had sex with another male—even once?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--None

TEMPORARILY DEFER FOR 12 MONTHS IF:

Donor has had male-to-male sex during the past 12 months.

INDEFINITELY DEFER IF:

Donor who continues to have male-to-male sex on an ongoing basis.

Question 23: Do you have AIDS or a positive test for the AIDS virus?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--Was the positive test for the AIDS virus confirmed?

EVALUATE BY MEDICAL DIRECTOR/DESIGNEE IF:

Donor has had a false-positive test result for HIV at another lab, and has been confirmed as not being infected.

INDEFINITELY DEFER IF:

Donor has been confirmed as being infected.

Question 24: In the past 12 months, have you had sex—even once—with anyone who has AIDS or the AIDS virus?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--None

TEMPORARILY DEFER FOR 1 YEAR IF:

Donor has had sex with a person who is infected with HIV.

INDEFINITELY DEFER IF:

Donor continues to have sex with an HIV-infected person on an ongoing basis.

Question 25: Are you giving blood because you want to be tested for HIV, also known as the AIDS virus?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--Do you want to know your HIV test result?
--Do you have reason to believe that you have been exposed to HIV?

TEMPORARILY DEFER IF:

Donor is donating blood solely to be tested for HIV (the donor should be informed that there are more appropriate places where his/her blood can be tested) .

Question 26: Do you understand that if you have the AIDS virus, you can give it to someone else, even though you may feel well and have a negative AIDS test?

IF YES: ACCEPT

IF NO: ASK FOLLOW-UP QUESTIONS

--None

Inform donor that, although our tests for infectious diseases are extremely sensitive and accurate, they are not perfect. Therefore, we rely on the honesty of our donor's to reduce even further the very small risk for HIV transmission via blood components.

Question 27: In the past 12 months, have you been in prison?

IF NO: ACCEPT

IF YES: ASK FOLLOW-UP QUESTIONS

--When were you incarcerated?
--How long were you incarcerated?

ACCEPT IF:

Donor was incarcerated for ≤ 72 consecutive hours.

REFER TO MEDICAL DIRECTOR/DESIGNEE IF:

Prospective donor has had conjugal visits with a prisoner during the past 12 months.

TEMPORARILY DEFER IF:

Prospective donor was incarcerated for > 72 hours.

Question 28: Have you read and understood all the donor information presented to you, and have all your questions been answered?

IF YES: ACCEPT

IF NO: ASK FOLLOW-UP QUESTIONS

--What didn't you understand?
--What didn't you read?
--Would you like me to read the information to you?
--What additional questions do you have?
--Do you need an interpreter?

ACCEPT IF:

Donor has read and understood all written donor information provided to him/her.

INDEFINITELY DEFER IF:

Donor does not understand or refuses to read the information (in such situations, contact Medical Director or designee for assistance).

References:

Donor Requirement Manual, Sacramento Medical Foundation Blood Centers

AABB *Standards*, 19th ed.