

## SECTION I - (To be completed by Blood Donor Center personnel)

1. DONATION FACILITY												
SECTION II (To be completed by Blood Donor)			2. TODAY'S DATE			3. DONOR SSN			4. DONOR FAMILY MEMBER PREFIX (FMP)/SPONSOR SSN			
5. NAME (Last, First, Middle Initial)				6. GRADUATE		7. DATE OF BIRTH		8. AGE	9. SEX F M	10. ETHNIC ORIGIN	11. ABO/Rh	12. DONOR CATEGORY Mil Deteg Civ
13. ADDRESS (Street, City, State, ZIP Code)						14. COUNTRY		15. DUTY PHONE (include Area Code)		16. HOME PHONE (include Area Code)		
17. ORGANIZATION						18. STATION #		19. QUESTION SET		20. (Local Use Only)		

## DONOR MEDICAL HISTORY - (Indicate "Y" for Yes or "N" for No.)

Y	21	N	Female Donors: Are you pregnant now, or have you been pregnant in the past 6 weeks?	Y	36	N	Have you ever been given growth hormone or received a dura mater (or brain covering) graft?
Y	22	N	Are you feeling well and healthy today?	Y	37	N	Have you ever taken Tegison (Etiemate) or Soriatane (Acitretin)?
Y	23	N	Have you read and do you understand all the donor information presented to you, and have your questions been answered?	Y	38	N	Have you ever had cancer, a blood disease, or a bleeding problem?
Y	24	N	Do you understand that if you are in a high risk group, you may have the AIDS virus and you can give it to someone else even though you may feel well and have a negative AIDS test?	Y	39	N	Have you or any of your blood relatives had Creutzfeldt-Jacob Disease or have you ever been told that your family is at an increased risk for Creutzfeldt-Jacob Disease?
Y	25	N	Is your reason for donating blood to obtain an AIDS test?	Y	40	N	Have you ever had chest pain, heart disease, or lung disease?
Y	26	N	Have you ever given blood under another name or Social Security Number?	Y	41	N	Have you ever had Chagas' disease, babesiosis, or leishmaniasis?
Y	27	N	In the past 8 weeks have you given blood, plasma or platelets?	Y	42	N	In the past 12 months, have you been given a rabies shot?
Y	28	N	Have you ever been refused as a blood donor or told not to donate blood?	Y	43	N	In the past 12 months, have you had an accidental needle stick or come in contact with someone else's blood?
Y	29	N	In the past 12 months have you been under a doctor's care, had an illness, or surgery?	Y	44	N	In the past 12 months, have you had a tattoo, ear or skin piercing, or acupuncture?
Y	30	N	In the past 12 months, have you received blood, blood products, or a tissue transplant including any you may have donated for yourself (autologous)?	Y	45	N	In the past 12 months, have you had close contact with a person with yellow jaundice or hepatitis or been given Hepatitis B Immune Globulin (HBIG)?
Y	31	N	Have you been outside the US or Canada since 1980?	Y	46	N	Have you ever had yellow jaundice, liver disease, hepatitis, or a positive test for hepatitis?
Y	32	N	Have you received a blood transfusion in the UK since 1980?	Y	47	N	In the past 4 weeks, have you had any shots or vaccinations?
Y	33	N	In the past 3 years, have you had malaria?				
Y	34	N	In the past 4 weeks, have you taken any pills or medications including Accutane (Isotretinoin), Proscar (Finasteride), or Propecia?				
Y	35	N	In the past 3 days, have you taken aspirin, Piroxicam (Feldene), or anything with aspirin in it?				(BPE 2001-07A 3 03/P-02)

SECTION III - (To be completed by Blood Donor Center personnel)				50. DEFERRAL LIST CHECKED BY	51. DONOR ID VERIFIED BY	52. WEIGHT	53. TEMP	54. PULSE	55. BP	56. HGB/HCT	57. ARM CHECK
58. GENERAL APPEARANCE	59. DONATION TYPE	60. INTENDED RECIPIENT			61. FMP/SSN		TECH:	TECH:	TECH:	TECH:	Sat Unsat
62. TOTAL DONATIONS	63. HOSPITAL TRANSFUSION SITE	64. SURGERY DATE		65. ORAL QUESTIONS DEFERRAL	66. DOES DONOR QUALIFY?	67. BAG LOT NO	68. SEGMENT NO.	69. ANTI-COAGULANT CPDA 1 CPD ACD OTHER:	70. REVIEWER		
None 12 Months Permanent	Sat Unsat	Yes No									

SECTION IV (To be completed by Phlebotomist)			71. START TIME	72. STOP TIME	73. PHLEBOTOMIST	74. DONATION STATUS	75. REACTION
						Complete Unsuccessful Incomplete Overfill	None Moderate Slight Severe

## SECTION V - DONOR MEDICAL HISTORY COMMENTS/DONOR REACTION COMMENTS

(To be completed by Blood Donor Center personnel) (Continued on back)

76. DONOR SIGNATURE: I have read the Privacy Act Statement and Statement of Consent on the back side, and have been given the opportunity to answer questions relating to the educational material and medical history questions. I have been asked and fully understand HIV high-risk behavior questions contained on the Oral Questions Sheet.	77. ORAL QUESTIONS VERSION DATE	Bag Weight _____ g
Signature _____	MARCH 2002	X CONFIDENTIAL UNIT EXCLUSION