# Donor Screening Card

**DeGowin Blood Center – Department of Pathology - University of Iowa Health Care**

| Office Use Only | | | | |
|---|---|---|---|---|
| **Donor ID** | **Donor Visit ID** | **New to DeGowin** ☐Y ☐N | **Visit Date** | **Group Code** |
| **Name (Last, First, MI)** | | **Date of Birth** | **Gender** ☐ Male ☐ Female ☐ Non-Binary/Transgender/Undisclosed | |
| **Address** | **City** | | **State** | **Zip** |
| ***Phone Number (Check One)*** ☐ *Home* ☐ *Cell* ☐ *Business* | ***Phone Number (Check One)*** ☐ *Home* ☐ *Cell* ☐ *Business* | | | |
| ***Email*** | | | ☐ Yes ☐ No **First Donation** | |

**Screener: _____**

**Peer Reviewer: _____**

**Record Reviewer: _____**

**Unit # Barcode**

| | Yes | No |
|---|---|---|
| **Are you** | | |
| 1. Feeling healthy and well today? | ❑ | ❑ |
| 2. Currently taking an antibiotic? | ❑ | ❑ |
| 3. Currently taking any other medication for an infection? | ❑ | ❑ |
| 4. Pregnant now? | ❑ | ❑ |
| **Have you** | | |
| 5. Taken any medications on the Medication Deferral List in the time frames indicated? (Review the Medication Deferral List.) | ❑ | ❑ |
| 6. Read the blood donor educational materials today? | ❑ | ❑ |
| In the past **48 hours,** have you | | |
| 7. Taken aspirin or anything that has aspirin in it? | ❑ | ❑ |
| In the past **8 weeks,** have you | | |
| 8. Donated blood, platelets or plasma? | ❑ | ❑ |
| 9. Had any vaccinations or other shots? | ❑ | ❑ |
| 10. Had contact with someone who was vaccinated for smallpox in the past 8 weeks? | ❑ | ❑ |
| In the past **3 months**, have you | | |
| 11. Taken any medication by mouth (oral) to prevent HIV infection? (i.e., PrEP or PEP) | ❑ | ❑ |
| 12. Had sexual contact with a new partner? (refer to the examples of "new partner" in the Blood Donor Educational Material) | ❑ | ❑ |
| 13. Had sexual contact with more than one partner? | ❑ | ❑ |
| 14. Had sexual contact with anyone who has ever had a positive test for HIV infection? | ❑ | ❑ |
| 15. Received money, drugs, or other payment for sex? | ❑ | ❑ |
| 16. Had sexual contact with anyone who has, in the past 3 months, received money, drugs, or other payment for sex? | ❑ | ❑ |
| 17. Used needles to inject drugs, steroids, or anything not prescribed by your doctor? | ❑ | ❑ |
| 18. Had sexual contact with anyone who has used needles in the past 3 months to inject drugs, steroids, or anything <u>not</u> prescribed by their doctor? | ❑ | ❑ |
| 19. Had syphilis or gonorrhea or been treated for syphilis or gonorrhea? | ❑ | ❑ |
| 20. Had sexual contact with a person who has hepatitis? | ❑ | ❑ |
| 21. Lived with a person who has hepatitis? | ❑ | ❑ |
| 22. Had an accidental needle-stick? | ❑ | ❑ |
| 23. Come into contact with someone else's blood? | ❑ | ❑ |
| 24. Had a tattoo? | ❑ | ❑ |
| 25. Had ear or body piercing? | ❑ | ❑ |

# Donor Screening Card

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| | Yes | No |
|---|---|---|
| In the past **3 months,** have you | | |
| 26. Had a blood transfusion? | ❑ | ❑ |
| 27. Had a transplant such as organ, tissue or bone marrow? | ❑ | ❑ |
| 28. Had a graft such as bone or skin? | ❑ | ❑ |
| In the past **16 weeks,** have you | | |
| 29. Donated a double unit of red blood cells using an apheresis machine? | ❑ | ❑ |
| In the past **12 months**, have you | | |
| 30. Been in juvenile detention, lockup, jail or prison for 72 hours or more consecutively? | ❑ | ❑ |
| In the past **2 years**, have you | | |
| 31. Received any medication by injection to prevent HIV infection? (i.e. long-acting antiviral PrEP or PEP) | ❑ | ❑ |
| In the past **3 years**, have you | | |
| 32. Been outside the United States or Canada? | ❑ | ❑ |
| Have you **EVER** | | |
| 33. Had a positive test for the HIV infection? | ❑ | ❑ |
| 34. Taken any medication to treat HIV infection? | ❑ | ❑ |
| 35. Been pregnant? | ❑ | ❑ |
| 36. Had malaria? | ❑ | ❑ |
| 37. Received a dura mater (or brain covering) graft or xenotransplantation product? | ❑ | ❑ |
| 38. Had any type of cancer, including leukemia? | ❑ | ❑ |
| 39. Had any problems with your heart or lungs? | ❑ | ❑ |
| 40. Had a bleeding condition or blood disease? | ❑ | ❑ |
| 41. Had a positive test result for *Babesia*? | ❑ | ❑ |
| 42. Had a splenectomy? | ❑ | ❑ |
| 43. When was your last pregnancy? Month _____ Year _____ NA ❑ | | |

I have read and have been given the opportunity to discuss information provided by the DeGowin Blood Center regarding the risks of infection that might be transmitted by blood. I understand this information and agree not to donate blood products if I know that I have any of these infections such as AIDS or hepatitis—OR if I believe that I may have been exposed to these infections. I certify that I have provided accurate information about my health and medical history. I have read the DONOR INFORMATION SHEET and understand that my blood will be tested for evidence of infections such as AIDS, hepatitis, syphilis and other infections and that some of the testing will be used for research purposes. If positive, I will be advised of the implications of the test result and my name will be entered on a permanently deferred list. Attempts will be made to ensure confidentiality, but it is necessary that designated personnel know the results and keep records. When required by law or regulations, positive test results will be reported to the Health Department.

I understand that under certain circumstances infectious disease testing cannot be performed. The Food and Drug Administration and other regulatory agencies with oversight for blood donor facilities may view donor information for purposes of compliance auditing, but would not receive copies that contain any personal identifying information. **I understand I should withdraw myself from the donation process if I feel my blood is not suitable for donation**. I am voluntarily donating blood to the University of Iowa Hospitals and Clinics to be used as decided by the institution. The risks of phlebotomy have been explained to me and I have had an opportunity to have my questions answered.

Signature: _____ Date: _____

Comments: _____

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**Unit #**