Donor Screening Card

DeGowin Blood Center – Department of Pathology - University of Iowa Hospitals and Clinics

Office Use Only			
Mobile Donor ID	**Mobile Visit ID**	**New to DeGowin** ☐Y ☐N	**Visit Date**
Donor ID	**Donor Visit ID**	**Group Code**	

Name (Last, First, MI)	**Date of Birth**	**Gender** ☐ Male ☐ Female

Address	**City**	**State**	**Zip**
Phone Number (Check One) ☐ *Home* ☐ *Cell* ☐ *Business*	***Phone Number (Check One)*** ☐ *Home* ☐ *Cell* ☐ *Business*		
Email			☐ Yes ☐ No **First Donation**

Apheresis Only

Predict Values PLT: _____ PLS: _____ RBC 1: _____ RBC 2: _____	TBV:	Platelet – Need to Ct WBC: Y N		RBC – Need to Ct WBC: Y N	
	Platelet Vol: _____ AC: _____	Plasma Vol: _____ AC: _____	RBC #1 Vol: _____ AC: _____	RBC #2 Vol: _____ AC: _____	Total Vol: _____ AC: _____
	RBC Bag #1 RBC Vol: _____ Hgb Conc: _____ QC Acceptable? Y N		RBC Bag #2 RBC Vol: _____ Hgb Conc: _____ QC Acceptable? Y N		**Unit # Barcode**

Date Drawn: _____ **Record Reviewer:** _____ **Screener:** _____ **Peer Reviewer:** _____	**WB Processed:**

	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. Have you taken any medications on the Medication Deferral List in the time frames indicated? (Review the Medication Deferral List.)	❑	❑
5. Have you read the educational materials today?	❑	❑
In the past **48 hours,**		
6. Have you taken aspirin or anything that has aspirin in it?	❑	❑
In the past **8 weeks,** have you		
7. Donated blood, platelets or plasma?	❑	❑
8. Had any vaccinations or other shots?	❑	❑
9. Had contact with someone who was vaccinated for smallpox in the past 8 weeks?	❑	❑
In the past **16 weeks,**		
10. Have you donated a double unit of red cells using an apheresis machine?	❑	❑
In the past **12 months,** have you		
11. Had a blood transfusion?	❑	❑
12. Had a transplant such as organ, tissue, or bone marrow?	❑	❑
13. Had a graft such as bone or skin?	❑	❑
14. Come into contact with someone else's blood?	❑	❑
15. Had an accidental needle-stick?	❑	❑
16. Had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus?	❑	❑
17. Had sexual contact with a prostitute or anyone else who takes money or drugs or other payment for sex?	❑	❑
18. Had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything <u>not</u> prescribed by their doctor?	❑	❑
19. Male donors: Had sexual contact with another male?	❑	**NO** ❑ **NA**❑

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In the past **12 months**, have you	Yes	No
20. Female donors: Had sexual contact with a male who had sexual contact with another male in the past 12 months?	❑	NO ❑ NA❑
21. Had sexual contact with a person who has hepatitis?	❑	❑
22. Lived with a person who has hepatitis?	❑	❑
23. Had a tattoo?	❑	❑
24. Had ear or body piercing?	❑	❑
25. Had or been treated for syphilis or gonorrhea?	❑	❑
26. Been in juvenile detention, lockup, jail, or prison for more than 72 consecutive hours?	❑	❑
In the past **three years,** have you		
27. Been outside the United States or Canada?	❑	❑
From **1980 through 1996**		
28. Did you spend time that adds up to 3 months or more in the United Kingdom? (Review list of countries in the UK)	❑	❑
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?	❑	❑
From **1980 to the present**, did you		
30. Spend time that adds up to 5 years or more in Europe? (Review list of countries in Europe.)	❑	❑
31. Receive a blood transfusion in the United Kingdom or France? (Review country lists.)	❑	❑
Have you **EVER**		
32. Female donors: Been pregnant or are you pregnant now?	❑	NO ❑ NA❑
33. Had a positive test for the HIV/AIDS virus?	❑	❑
34. Used needles to take drugs, steroids, or anything not prescribed by your doctor?	❑	❑
35. Received money, drugs, or other payment for sex?	❑	❑
36. Had malaria?	❑	❑
37. Had Chagas disease?	❑	❑
38. Had a positive test result for Babesia?	❑	❑
39. Received a dura mater (or brain covering) graft or xenotransplantation product?	❑	❑
40. Had any type of cancer, including leukemia?	❑	❑
41. Had any problems with your heart or lungs?	❑	❑
42. Had a bleeding condition or a blood disease?	❑	❑
43. Have any of your relatives had Creutzfeldt-Jakob disease?	❑	❑
44. When was your last pregnancy? Month _____ Year _____		

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 #