



Thank you for coming in to donate blood today!

This information sheet explains how to complete the Donor History Questionnaire (DHQ)

The accuracy and confidentiality of your information is very important to us

1. Ensure you have read the Educational Materials on the following pages
2. On the DHQ:
 - read the informed consent
 - print your legal name and date of birth
 - fill in the appropriate gender circle
 - provide an address where you can be contacted for the next 8 weeks
 - sign and date the consent

Example:

Print Legal Name	Last	First	Date of Birth	08 / 23 /1980	Gender	Male	<input type="radio"/>
	<small>Last</small>	<small>First</small>		<small>MM DD YYYY</small>		Female	<input checked="" type="radio"/>
Provide an address where you can be contacted for the next 8 weeks							
Street Address	8669 Commodity Circle						
City	Orlando	State	FL	Zip Code (Postal Code)	32819		
Donor Signature	Signature				Date	01/09 /2018	
				<small>MM DD YYYY</small>			

3. Read each question thoroughly and answer each question on the DHQ **privately**
 - answer the questions in this manner ● (Do not use ✓ or ✗)
 - leave the answer blank if you do not understand the question or are unsure of how to answer
 - refer to the information on the following pages for lists mentioned in certain questions
4. After you have answered all of the questions, return all of the materials to OneBlood staff

Please notify us if you need assistance, a OneBlood staff will assist you with completing the DHQ in a private setting.

Educational Materials

READ THIS BEFORE YOU DONATE!

We know that you would not donate unless you think your blood is safe. However, in order for us to assess all risks that may affect you or a patient receiving a transfusion, it is essential that you answer each question **completely and accurately**. If you don't understand a question, ask the blood center staff.

All information you provide is confidential.

To determine if you are eligible to donate we will:

- Ask about your health and travel
- Ask about medicines you are taking or have taken
- Ask about your risk for infections that can be transmitted by blood – especially AIDS and viral hepatitis
- Take your blood pressure, temperature and pulse
- Take a blood sample to be sure your blood count is acceptable

If you are eligible to donate we will:

- Clean your arm with an antiseptic. [Tell us if you have any skin allergies](#)
- Use a new, sterile, disposable needle to collect your blood

DONOR ELIGIBILITY - SPECIFIC INFORMATION

Certain diseases, such as AIDS and hepatitis, can be spread through sexual contact and enter your bloodstream. We will ask specific questions about sexual contact.

What do we mean by “sexual contact?”

The words “have sexual contact with” and “sex” are used in some of the questions we will ask you, and apply to any of the activities below, whether or not a condom or other protection was used:

- Vaginal sex (contact between penis and vagina)
- Oral sex (mouth or tongue on someone's vagina, penis, or anus)
- Anal sex (contact between penis and anus)

HIV/AIDS risk behaviors

HIV is the virus that causes AIDS. It is spread mainly by sexual contact with an infected person OR by sharing needles or syringes used by an infected person for injecting drugs.

Do not donate if you:

- Have AIDS or have ever had a positive HIV test
- Have EVER used needles to take any drugs not prescribed by your doctor
- Are a male who has had sexual contact with another male, IN THE PAST 12 MONTHS
- Have EVER taken money, drugs or other payment for sex
- Have had sexual contact in IN THE PAST 12 MONTHS with anyone described above
- Have had syphilis or gonorrhea IN THE PAST 12 MONTHS
- Have been in juvenile detention, lockup, jail or prison for more than 72 consecutive hours IN THE PAST 12 MONTHS

Your blood can transmit infections, including HIV/AIDS, even if you feel well and all your tests are normal. This is because even the best tests cannot detect the virus for a period of time after you are infected. Antiretroviral drugs do not fully eliminate the virus from the body, and donated blood can potentially still transmit HIV infection to a transfusion recipient.

DO NOT donate to get a test! If you think you may be at risk for HIV/AIDS or any other infection, do not donate simply to get a test. Ask us where you can be tested outside the blood center.

The following symptoms can be present before an HIV test turns positive:

- Fever
- Enlarged lymph glands
- Sore throat
- Rash

DO NOT donate if you have these symptoms!

Travel to or birth in other countries

Blood donor tests may not be available for some infections that are found only in certain countries. If you were born in, have lived in, or visited certain countries, you may not be eligible to donate.

WHAT HAPPENS AFTER YOUR DONATION

To protect patients, your blood is tested for several types of hepatitis, HIV, syphilis, and other infections. If your blood tests positive it will not be given to a patient. There are times when your blood is not tested. If this occurs, you may not receive any notification. You will be notified about any positive test result which may disqualify you from donating in the future. The blood center will not release your test results without your written permission unless required by law (e.g. to the Health Department).

Please DO NOT DONATE BLOOD if you have EVER had Ebola virus disease or infection

THANK YOU FOR DONATING BLOOD TODAY!

OneBlood • 1.888.9.DONATE. (1.888.936.6283)

Medication Deferral List

SOME MEDICATIONS MAY AFFECT YOUR ELIGIBILITY TO DONATE BLOOD. PLEASE TELL US IF YOU...

Are being treated with the following types of medications....	or have taken...	which is also called...	anytime in the last....
Anti-platelet agents (usually taken to prevent stroke or heart attack)	Feldene	piroxicam	2 days
	Effient	prasugrel	3 days
	Brilinta	ticagrelor	7 days
	Plavix	clopidogrel	14 days
	Ticlid	ticlopidine	
	Zontivity	vorapaxar	1 month
Anticoagulants or “blood thinners” (usually to prevent blood clots in the legs and lungs and to prevent strokes)	Arixtra	fondaparinux	2 days
	Eliquis	apixaban	
	Fragmin	dalteparin	
	Lovenox	enoxaparin	
	Pradaxa	dabigatran	
	Savaysa	edoxaban	
	Xarelto	rivaroxaban	
	Coumadin Warfilone Jantoven	warfarin	7 days
	Heparin, low molecular weight heparin		
Acne treatment	Accutane Amnesteem Absorica Claravis Myorisan Sotret Zenatane	isotretinoin	1 month
Multiple myeloma	Thalomid	thalidomide	
Hair loss remedy	Propecia	finasteride	
Prostate symptoms	Proscar	finasteride	
	Avodart Jalyn	dutasteride	6 months
Immunosuppressant	Cellcept	mycophenolate mofetil	6 weeks
Basal cell skin cancer	Erivedge Odomzo	vismodegib sonidegib	24 months
Relapsing multiple sclerosis	Aubagio	teriflunomide	
Rheumatoid arthritis	Arava	leflunomide	
Hepatitis exposure	Hepatitis B Immune Globulin	HBIG	12 months
Experimental Medication or Unlicensed (Experimental) Vaccine			
Psoriasis	Soriatane	acitretin	36 months
	Tegison	etretinate	
Growth hormone from human pituitary glands*			Ever
Insulin from Cows (Bovine or Beef Insulin) manufactured in the United Kingdom*			

*No longer available in US

DO NOT discontinue medications prescribed or recommended by your physicians in order to donate blood.

Some medications affect your eligibility as a blood donor, for the following reasons:

Anti-platelet agents affect platelet function, so people taking these drugs should not donate platelets for the indicated time; however, you may still be able to donate whole blood or red blood cells by apheresis.

Anticoagulants or “blood thinners” are used to treat or prevent blood clots in the legs, lungs, or other parts of the body, and to prevent strokes. These medications affect the blood’s ability to clot, which might cause excessive bruising or bleeding when you donate; however, you may still be able to donate whole blood or red blood cells by apheresis.

Isotretinoin, finasteride, dutasteride acitretin and etretinate can cause birth defects. Your donated blood could contain high enough levels to damage the unborn baby if transfused to a pregnant woman.

Thalomid (thalidomide), Erivedge (Vismodegib), Odomzo (sonidegib), Aubagio (teriflunomide) can cause birth defects or the death of an unborn baby if transfused to a pregnant woman.

Cellcept (mycophenolate mofetil) and Arava (leflunomide) are immunosuppressants which may cause birth defects or the death of an unborn baby if transfused to a pregnant woman

Growth hormone from human pituitary glands was prescribed for children with delayed or impaired growth. The hormone was obtained from human pituitary glands, which are in the brain. Some people who took this hormone developed a rare nervous system condition called Creutzfeldt-Jakob Disease (CJD, for short).

Insulin from cows (bovine, or beef, insulin) is an injected medicine used to treat diabetes. If this insulin came to the United States from the United

Kingdom (where “mad cow disease” has occurred) it could contain material from cattle that have “mad cow disease.” Although no cases of the human type of “mad cow disease” have been reported in people treated with bovine (beef) insulin, there is concern that someone exposed to “mad cow disease” through beef insulin could transmit it to someone who receives their blood.

Hepatitis B Immune Globulin (HBIG) is an injected material used to prevent hepatitis B infection following a possible or known exposure to hepatitis B. HBIG does not prevent hepatitis B infection in every case, therefore, persons who have received HBIG must wait to donate blood.

Experimental Medication or Unlicensed (Experimental) Vaccine is usually associated with a research study, and the effect on the safety of transfused blood is unknown.

Donors SHOULD NOT discontinue medications prescribed or recommended by their physician in order to donate blood.

Travel to, Residency or Birth in Other Countries (for questions 28, 30 and 31)

The FDA has determined that travel to European countries increases the risk of exposure to variant Creutzfeldt-Jacob Disease (vCJD). The rare infection affects persons who ate beef with the disease bovine spongiform encephalopathy, more commonly known as “Mad Cow Disease.” While there is no evidence that U.S. travelers to Europe have become infected, the FDA defers these donors until further research has been completed.

#28 From 1980 through 1996, did you spend time that adds up to 3 months or more in the United Kingdom?

#30 From 1980 to the present, did you spend time that adds up to 5 years or more in Europe?

#31 From 1980 to the present, did you receive a blood transfusion in the United Kingdom or France?

EUROPEAN COUNTRIES/TERRITORIES

United Kingdom (U.K) Countries/Territories	Albania Austria Belgium Bosnia-Herzegovina Bulgaria Croatia Czech Republic Denmark Finland France, including its overseas departments (e.g., <i>Martinique and others</i>)	Germany Greece Hungary Republic of Ireland Italy Kosovo Liechtenstein Luxembourg Macedonia Montenegro Netherlands Norway	Poland Portugal, including the Azores Romania Serbia Slovak Republic Slovenia Spain, including the Canary Islands and Spanish North African territories Sweden Switzerland United Kingdom (<i>see list of U.K. countries/territories</i>) Yugoslavia (<i>or the former Federal Republic of Yugoslavia</i>)
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Blood Donation and Donor Iron Stores

Thank you for coming to donate blood.

We care about your health and want you to know that donating blood reduces iron stores in your body. In many people, this has no effect on their health. However, in some people, particularly younger women and frequent donors of either gender, blood donation may remove most of the body's iron stores. We want you to understand these issues more clearly.

What happens to me during a blood donation?

Red blood cells are red because of the way iron is carried in hemoglobin, a protein that brings oxygen to the body. Therefore, the removal of red blood cells during blood donation also removes iron from your body. The impact of this iron loss on your health varies among donors.

How does blood donation affect iron stored in my body?

Iron is needed to make new red blood cells to replace those you lose from donation. To make new red blood cells, your body either uses iron already stored in your body or uses iron that is in the food you eat. Many women have only a small amount of iron stored in their body, which is not enough to replace the red blood cells lost from even a single donation. Men have more iron stored in their body. However, men who donate blood often (more than two times per year) may also have low iron stores.

Does the blood center test for low iron stores in my body?

No, the blood center tests your hemoglobin but not your iron stores. Hemoglobin is a very poor predictor of iron stores. **You may have a normal amount of hemoglobin and be allowed to donate blood even though your body's iron stores are low.**

How may low iron stores affect me?

There are several possible symptoms associated with low iron stores. These include fatigue, decreased exercise capacity, and

pica (a craving to chew things such as ice or chalk). In addition, having low iron stores may increase the possibility of having a low hemoglobin test, preventing blood donation.

What can I do to maintain my iron stores?

While eating a well-balanced diet is important for all donors, simply eating iron-rich foods **may not** replace all the iron lost from blood donation. Taking multivitamins with iron or iron supplements either prescribed or over the counter (from a drugstore) may help replace the iron lost. Iron supplements vary in name and proportion of iron within the tablet/caplet. The most effective dose, type of iron supplement, and length of treatment are currently being studied. Current recommendations range from one typical multivitamin with iron (19 mg iron) to elemental iron caplets (45 mg iron) for six weeks to three months. Your physician or pharmacist may be able to assist you in deciding what dose, type, and duration of iron supplement to choose.

Why doesn't a single big dose of iron replace what I lose during the donation?

Because people have a limit in iron absorption (i.e., 2-4 mg/day), taking iron in larger doses for a shorter period may not lead to better absorption (and may result in more side effects). The overall goal is to replace, over 1 to 3 months, 200-250 mg of iron lost during donation.