

BLOOD DONOR INSTRUCTIONS

BEFORE YOU DONATE: Read Confidential Unit Exclusion information, Privacy Act Statement, and Statement of Consent on reverse of form. Complete/review Section II (shaded areas). Sign and date at bottom.

AFTER YOU DONATE (Post Donation Instructions): You have just completed an important and lifesaving act by donating a priceless gift to restore someone's health. On behalf of a grateful patient, please accept our heartfelt thanks. Your blood volume returns to normal within a few hours to a day after donation. Until then, a few simple precautions will help you avoid post donation complications. Eat and drink something before leaving the donor center, and consume plenty of fluids for the next 12 hours. It is recommended that alcoholic beverages NOT be consumed on the day of the donation. Do not smoke for at least 30 minutes. Leave the bandage on for at least 4 hours. If there is bleeding from the needle puncture, raise your arm and apply pressure to the site. Avoid heavy lifting with the donation arm for at least 6 hours. If you feel up to it, you may resume normal activities in half an hour. It is recommended that for 24 hours you do not perform strenuous activities or engage in critical physical activity where safety requires your maximum abilities.

IF YOU FEEL LIGHT-HEADED OR DIZZY AFTER DONATION, LIE DOWN IMMEDIATELY. IF YOU EXPERIENCE ANY POST DONATION COMPLICATIONS, BECOME ILL ("FLU," COLD, ETC.), WOULD LIKE TO ASK QUESTIONS ABOUT THE DONATION PROCESS, OR IF YOU HAVE ANY DOUBTS ABOUT THE SAFETY OF TRANSFUSING YOUR BLOOD, PLEASE CALL US AT THE BLOOD DONOR CENTER.

THANK YOU FOR YOUR DONATION. See you again after _____.

DONOR CENTER TELEPHONE

DONATION IDENTIFICATION
NUMBER

BLOOD DONATION RECORD

DONATION IDENTIFICATION
NUMBER

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. GRADE/RATE

7. DATE OF BIRTH

8. AGE

9. SEX

10. ETHNIC ORIGIN

11. ABO/Rh

12. DONOR CATEGORY

Mil Dep 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. (Local Use Only)

20. (Local Use Only)

DONOR MEDICAL HISTORY (Select "Y" for Yes, or "N" for No.)

Y	21.	N	Have you ever given blood under another name or Social Security Number?	Y	38.	N	In the past 12 months, have you had a positive test for syphilis?
Y	22.	N	In the past 8 weeks, have you given blood, plasma, or platelets?	Y	39.	N	In the past 12 months, have you had or been treated for syphilis or gonorrhea?
Y	23.	N	Have you ever been refused as a blood donor or told not to donate blood?	Y	40.	N	In the past 12 months, have you given money or drugs to anyone to have sex with you?
Y	24.	N	Have you ever had chest pain, heart disease, or lung disease?	Y	41.	N	Female Donors: In the past 6 weeks, have you been pregnant or are you pregnant now?
Y	25.	N	Have you ever had cancer, a blood disease, or a bleeding problem?	Y	42.	N	In the past 4 weeks, have you had any shots or vaccinations?
Y	26.	N	Have you ever had yellow jaundice, liver disease, hepatitis, or a positive test for hepatitis?	Y	43.	N	In the past 4 weeks, have you taken any pills, medications, Accutane, or Proscar?
Y	27.	N	Have you ever had Chagas' disease, babesiosis, or Leishmaniasis?	Y	44.	N	In the past 3 days, have you taken aspirin or anything that has aspirin in it?
Y	28.	N	Have you ever been given human growth hormone?	Y	45.	N	Have you ever used a needle, even once, to take any drug (including steroids)?
Y	29.	N	Have you ever taken Tegison for psoriasis?	Y	46.	N	Have you had sex, even once, with anyone who has ever used a needle, even once, to take any drug (including steroids)?
Y	30.	N	Are you feeling well and healthy today?	Y	47.	N	Is your reason for donating blood to obtain an AIDS test?
Y	31.	N	In the past 3 years, have you been outside the U.S.A. or Canada?	Y	48.	N	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?
Y	32.	N	In the past 3 years, have you had malaria or taken anti-malarial drugs?	Y	49.	N	Have you read and understood all the donor information presented to you, and have all your questions answered?
Y	33.	N	In the past 12 months, have you been under a doctor's care or had a major illness or surgery?	Y	50.	N	
Y	34.	N	In the past 12 months, have you received blood or had an organ or tissue transplant?	Y	51.	N	
Y	35.	N	In the past 12 months, have you had a tattoo, ear or skin piercing, acupuncture, or an accidental needle stick?	Y	52.	N	
Y	36.	N	In the past 12 months, have you had close contact with a person with yellow jaundice or hepatitis, or have you been given Hepatitis B Immune Globulin (HBIG)?	Y	53.	N	
Y	37.	N	In the past 12 months, have you been given rabies shots?	Y	54.	N	

SECTION III – (To be completed by Blood Donor Center personnel)

55. DEFERRAL LIST CHECKED BY

56. DONOR ID VERIFIED BY

51. WEIGHT

58. TEMP

59. PULSE

60. B.P.

61. HB HCT

62. GENERAL APPEARANCE

63. ARM CHECK

Sat Unsaf Sat Unsaf

64. DOES DONOR QUALIFY?

65. BAG TYPE

66. BAG LOT NO.

67. SEGMENT NO.

68. ANTI-COAGULANT

69. ALERT CODE

70. TOTAL DONATIONS

71. DONATION TYPE

ALLO THERAP APHERE
AUTO DIRECT OTHER

72. DIRECTED DONATION RECIPIENT

73. FMP/SSN (Directed only)

74. HOSPITAL TRANSFUSION SITE

75. COMPUTER ENTRY BY

76. INTERVIEWER

77. MEDICAL REVIEWER

SECTION IV –

(To be completed by Phlebotomist)

78. START TIME

79. STOP TIME

80. PHLEBOTOMIST

81. DONATION STATUS

Complete Unsuccessful
Incomplete Overfill

82. REACTION

None Slight
Moderate Severe

SECTION V - DONOR MEDICAL HISTORY COMMENTS/ DONOR REACTION COMMENTS

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

83. 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 dated.

84. DATE SIGNED

CONFIDENTIAL
UNIT
EXCLUSION

CONFIDENTIAL UNIT EXCLUSION

If you have not participated in high risk behavior as outlined in the AIDS literature and you do not now have nor have ever had any of the symptoms associated with AIDS, please peel the bar coded label designated as TRANSFUSE MY BLOOD, and affix in the space marked with an X on the front of form.

If you have participated in high risk behavior as outlined in the AIDS literature or you now have or have had symptoms associated with AIDS, please peel the bar coded label designated as DO NOT TRANSFUSE MY BLOOD, and affix in the space marked with an X on the front of form.

Once you have removed and affixed the proper label, remove the unused label and discard.

All blood donated to the Blood Donor Center, regardless of the type of label affixed to the donor record, will be tested for the presence of infectious disease, including antibodies to HIV.

Your response to this questionnaire is strictly confidential and is vital to the safety of the Armed Services blood supply.



TRANSFUSE MY BLOOD

DO NOT TRANSFUSE
MY BLOODDONATION IDENTIFICATION
NUMBER**SECTION VI - PRIVACY ACT STATEMENT/STATEMENT OF CONSENT****PRIVACY ACT STATEMENT**

AUTHORITY: 10 U.S.C. 136 (Assistant Secretaries of Defense) and E.O. 9397.

PRINCIPAL PURPOSE(S): To record time of withdrawal and type of blood, and to determine suitability of voluntary blood donations.
To administer the Armed Services Blood Program, and, in some cases, to recommend medical treatment.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide complete information will make you ineligible to donate blood at this time.

STATEMENT OF CONSENT

I have reviewed and understand the information provided to me regarding the spread of the AIDS virus (HIV) by blood or plasma. If I am potentially at risk for spreading the virus known to cause AIDS, I agree not to donate blood or plasma for transfusion to another person or for further manufacture. I understand that my blood will be tested for antibodies to HIV and other disease markers. If this testing indicates that I should no longer donate blood or plasma because of a risk of transmitting the AIDS virus, my name will be entered on a list of permanently deferred donors. I understand that I will be notified of a positive result. If, instead, the result of the testing is not clearly negative or positive, my blood will not be used and my name may be placed on a deferral list without my being informed until the results are further clarified. I have been informed of the phlebotomy procedure and possible adverse reactions. I have also read the Privacy Act Statement above. I am voluntarily donating approximately 450 mL of blood to the Armed Forces for use in any way they deem advisable. I understand that I should not engage in strenuous exercise or hazardous activity on the day of donation. I attest that all the information provided is true to the best of my knowledge.

SECTION V - MEDICAL HISTORY COMMENTS/ DONOR REACTION COMMENTS (Continued)