

## PRE-SCREEN / EMERGENCY WHOLE BLOOD DONATION RECORD

Form is only to be used for pre-screening or collecting donors in support of contingency / deployed operations.

**DONATION IDENTIFICATION NUMBER (DIN)**

(Use Donor SSN if ISBT # Not Available)

TODAY'S DATE	NAME (Last, First, Middle Initial)	RANK/RATE	USA USAF USN USMC CIV	SSN: DoD ID:
UNIT	UNIT LOCATION (Base and State)	AOR BASE & TENT# (if deployed)	DOB (DDMMYYYY)	SEX: M F      ABO/Rh (Blood Type)
CURRENT MAILING ADDRESS		EMAIL ADDRESS		BEST CONTACT PHONE NUMBER

### Group A Questions (ALL DONORS Must Complete)

1	Have you read and do you understand the educational materials provided to you?	Y	N		5	Have you ever received money, drugs, or other payment for sex?	Y	N
2	Have you ever used needles to take drugs, steroids, or anything not prescribed by your doctor?	Y	N		6	Have you ever had cancer, heart problems, bleeding conditions, or lung disease?	Y	N
3	Have you taken any of the medications listed on the back of this form within the timeframes shown? If Yes, write medications here: _____	Y	N		7	Have you ever had hepatitis, or have you ever taken medication for treatment or exposure to hepatitis?	Y	N
4	Have you ever had a positive test for the HIV/AIDS virus?	Y	N		8	Have you ever had Malaria, Chagas or Babesiosis?	Y	N

\*\*\*Interviewer: Document review and eligibility below for walking blood bank (WBB) and/or low titer group O whole blood (LTOWB) donor program.\*\*\*

**DONORS:** If you are being **prescreened** for a WBB or LTOWB program, **STOP!!** Answer no more questions and sign at the bottom. If you are here to donate a unit of blood, proceed to **Group B Supplemental Questions** and then sign at the bottom.

Group A responses acceptable (all no except Q1)?	All disease tests negative?	Eligible for WBB?	Titer Result (If group O):	Eligible for LTOWB?	Approving Official	Low Titer ID Issued?
Y    N <input style="width: 40px;" type="text"/>	Y    N <input style="width: 40px;" type="text"/>	Y    N <input style="width: 40px;" type="text"/>	_____ (accept if < 256)	Y    N <input style="width: 40px;" type="text"/>	_____	Y    N    NA <input style="width: 40px;" type="text"/>

\*\*\*Interviewer (initials):

Comments: \_\_\_\_\_

### Group B Supplemental Questions (Complete if Donating a Unit of Blood Today)

9	Are you feeling healthy and well today?	Y	N		18	In the past 12 months, have you lived with or had sex with a person who has hepatitis?	Y	N
10	<u>Female donors:</u> Have you ever been pregnant or are you pregnant now?	Y	N		19	In the past 12 months, have you had a transplant (such as organ, tissue, or bone marrow) or graft (such as bone or skin)?	Y	N
11	<u>Female donors:</u> Have you had sexual contact with a male who had sexual contact with another male in the past 12 months?	Y	N		20	In the past 12 months, have you had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus?	Y	N
12	<u>Male donors:</u> In the past 12 months, have you had sexual contact with another male?	Y	N		21	In the past 12 months, have you come into contact with someone else's blood?	Y	N
13	Are you currently taking malaria prophylaxis?	Y	N		22	In the past 12 months, have you had an accidental needle-stick?	Y	N
14	Are you currently taking any medications for an infection?	Y	N		23	In the past 12 months, have you had a blood transfusion?	Y	N
15	Have you had physical contact with someone who was vaccinated for smallpox in the past 8 weeks?	Y	N		24	In the past 12 months, have you had sexual contact with anyone who takes money or drugs or other payment for sex?	Y	N
16	In the past 48 hours, have you taken aspirin or anything that has aspirin in it?	Y	N		25	In the past 12 months, have you had or been treated for syphilis or gonorrhea?	Y	N
17	In the past 8 weeks, have you donated blood, platelets, or plasma?	Y	N		26	In the past 12 months, have you had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything not prescribed by their doctor?	Y	N

Comments: \_\_\_\_\_

Today's Date:	Temperature: ____ °F/°C (≤ 99.5°F/37.5°C)	Blood Pressure: ____/____ Systolic: 90-180 Diastolic: 50-100	Pulse: ____ (50-100 bpm)	Hemoglobin: ____ Male: ≥ 13.0 g/dL Female: ≥ 12.5 g/dL	Weight: ____ (≥ 110 pounds/50kg)	Vital Signs Tech:
Does Donor Qualify? Y    N <input style="width: 40px;" type="text"/>	Phlebotomist	Start Time	Stop Time (<15 mins)	Bag Manufacturer	Lot #	Expiration Date:

\*\*\*Reviewer (initials):

I verify that I have answered the questions honestly, I had an opportunity to ask questions, I consent to donating blood today, and I feel my blood is safe to be transfused. If I am donating a unit of whole blood today, my blood will NOT be tested for viral diseases prior to transfusion due to the emergency situation. If for any reason I feel that my blood may not be safe, I will not donate today.

\_\_\_\_\_  
*Donor's Signature*

\_\_\_\_\_  
*Date*

ASBP 572-EWB (Emergency Whole Blood), 5 Apr 2018

Check Deferral Status (initials): \_\_\_\_\_ Date: \_\_\_\_\_ Entered into Blood Management System by (initials) \_\_\_\_\_ Date: \_\_\_\_\_

## DONOR EDUCATIONAL MATERIAL

Blood donation is a voluntary process requiring the collection of approximately 450-500 mL of blood. The usual collection time ranges from 5 to 10 minutes. Complications at the venipuncture site may include, but are not limited to: discomfort, bruising, swelling, or infection. Other complications could occur during or after your donation such as: fatigue, light-headedness, dizziness, nausea, vomiting, and/or fainting. On very rare occasions, a more severe reaction may occur.

**MEDICATION LIST:** Donors **SHOULD NOT** discontinue medications prescribed by their physician in order to donate blood. Certain medications in your system can cause harm to some patients if your blood is transfused. If your last dose of the following medications was taken within the timeframe listed, you should not donate today nor should you participate in a walking blood bank program because the medication has not cleared from your system.

**Prescreen or Donating Blood Today:**

Erivedge, Odomzo	Soriatane	Bovine Insulin, Human Growth Hormone, Tegison
2 years	3 years	<b>EVER</b> in your life

**Donating Blood Today (must screen donor for drugs below AND list above if donating whole blood):**

Eliquis, Feldene, Fragmin, Lovenox, Pradaxa, Savaysa, Xarelto		Arixtra, Brilinta, Coumadin, Effient, LMW Heparin, Jantoven, Warfilone	
2 days		7 days	
Plavix, Ticlid, Zontivity	Absorica, Accutane, Amnesteem, Claravis, Myorisan, Propecia, Proscar, Sotret, Zenatane	Avodart, Jalyn	Experimental Meds/Vaccines
14 days	1 month	6 months	1 year

Your signature on the other side of this form acknowledges that you understand the questions and this educational material and that you agree to not donate any blood products if you are at risk of transmitting Human Immunodeficiency Virus (HIV) or any other virus. 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 on the other side of this form. If you do not understand a question, ask a staff member. All information you provide is confidential. It is critical that you alert your unit provider or medic if any of your responses change or if you have any concerns about the safety of your blood. This will facilitate notification and follow up testing for the recipient if needed.

Your blood will be tested for several types of viral markers including Hepatitis B, Hepatitis C, HIV, syphilis and other infections. You will be notified about any positive test result which may disqualify you from donating in the future, and your name will be entered onto a list of permanently deferred donors. If testing does not occur (due to specimen acceptability) or if testing results are not clearly negative or positive, your name may be placed on a deferral list without you being informed until the results are further clarified. For active duty personnel and reservists, positive screening and confirmatory results will be forwarded to appropriate medical personnel for further evaluation and "fitness for duty" determination (if required).

**HIGH RISK BEHAVIORS:**

Certain diseases such as HIV/AIDS and hepatitis can be spread through sexual contact OR by sharing drug needles/syringes. These viruses can enter your blood stream and can be transmitted to another person who is transfused with your blood, plasma, or platelets. Sexual contact includes: Vaginal contact (contact between penis and vagina), oral sex (mouth or tongue on someone's vagina, penis, or anus), and/or anal sex (contact between penis and anus). **YOUR BLOOD CAN TRANSMIT DISEASES**, 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.

**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 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

**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. See your medical provider to obtain an HIV/AIDS test. The following symptoms can be present before an HIV test turns positive: fever, enlarged lymph glands, sore throat, and/or rash.

**NOTIFY YOUR UNIT MEDIC OR UNIT PROVIDER IF:**

- Anything changes that would cause a different response to a question
- If you think your blood may not be safe for another person to receive
- If you become sick within 14 days after donating a unit of blood

**THANK YOU FOR DONATING BLOOD!**