uchealth

Garth Englund Blood Center

Blood Donor Record

DIN

Legal last name	Legal first name (no nicknames)	Middle initial	Last 4 digits of SSN	Birth Date	Gender ☐ M ☐ F

Mailing address	City	State	Zip

☐ Home phone ☐ Mobile phone	Email	Preferred method of contact	Estimated weight

Date	Donor ID	Blood Type	ID Check	Eligibility Check	Comments for Phlebotomist

Please mark the appropriate box for each question response. You may NOT draw a line down through the answers.

Are you:	Yes	No
1. Feeling healthy and well today?	☐	☐
2. Currently taking an antibiotic?	☐	☐
3. Currently taking any other medication for an infection?	☐	☐

Have you:	Yes	No
4. Taken any medications on the Medication Deferral List in the time frames indicated? (Review the Medication Deferral List.)	☐	☐
5. Read the educational materials today?	☐	☐

In the **past 48 hours**, have you:	Yes	No
6. Taken aspirin or anything that has aspirin in it?	☐	☐

In the **past 8 weeks**, have you:	Yes	No
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 3 months**, have you:	Yes	No
10. Had a blood transfusion?	☐	☐
11. Had a transplant such as organ, tissue, or bone marrow?	☐	☐
12. Had a graft such as bone or skin?	☐	☐
13. Come into contact with someone else's blood?	☐	☐
14. Had an accidental needle-stick?	☐	☐
15. Had sexual contact with anyone who has ever had HIV/AIDS or has ever had a positive test for the HIV/AIDS virus?	☐	☐
16. Had sexual contact with a prostitute or anyone else who has ever taken money or drugs or other payment for sex?	☐	☐
17. Had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything not prescribed by their doctor?	☐	☐
18. **Male donors.** Had sexual contact with another male? ☐ N/A Female	☐	☐
19. **Female donors.** Had sexual contact with a male who had sexual contact with another male in the past 3 months? ☐ N/A Male	☐	☐
20. Had a tattoo?	☐	☐
21. Had ear or body piercing?	☐	☐
22. Had or been treated for syphilis or gonorrhea?	☐	☐
23. Used needles to take drugs, steroids, or anything not prescribed by your doctor?	☐	☐
24. Received money, drugs, or other payment for sex?	☐	☐

In the **past 16 weeks**, have you:	Yes	No
25. Donated a double unit of red cells using an apheresis machine?	☐	☐

For office staff only

In the **past 12 months**, have you:	**Yes**	**No**
26. Had sexual contact with a person who has hepatitis?	☐	☐
27. Lived with a person who has hepatitis?	☐	☐
28. Been in juvenile detention, lockup, jail, or prison for 72 hours or more consecutively?	☐	☐

In the **past 3 YEARS**, have you:	**Yes**	**No**
29. Been outside the United States or Canada?	☐	☐

From **1980 through 1996**, did you:	**Yes**	**No**
30. Spend time that adds up to 3 months or more in the United Kingdom countries of England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands?	☐	☐

From **1980 through 2001**, did you:	**Yes**	**No**
31 Spend time that adds up to 5 years or more in France or Ireland? Time spent in Ireland does not include time spent in Northern Ireland which is part of the United Kingdom.	☐	☐

From **1980 to the present**, did you:	**Yes**	**No**
32 Receive a blood transfusion in France, Ireland, England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands?	☐	☐

Have you **EVER**:	**Yes**	**No**
33. **Female donors.** Been pregnant or are you pregnant now? ☐ N/A Male	☐	☐
34. Had a positive test for the HIV/AIDS virus?	☐	☐
35. Had malaria?	☐	☐
36. Received a dura mater (or brain covering) graft or xenotransplantation product?	☐	☐
37. Had any type of cancer, including leukemia?	☐	☐
38. Had any problems with your heart or lungs?	☐	☐
39. Had a bleeding condition or a blood disease?	☐	☐
40. Had a positive test for *Babesia*?	☐	☐

Additional questions	**Yes**	**No**
41. In the past **3 months**, have you taken any medication to prevent an HIV infection?	☐	☐
42. Have you **EVER** taken any medication to treat an HIV infection?	☐	☐
43. Have you ever been diagnosed with hepatitis B or hepatitis C infection, at any age?	☐	☐
44. Have you ever lived in another country for 5 years or longer?	☐	☐
45. **Female donors.** Most recent pregnancy date_____ (includes all pregnancies)	☐ N/A	

I have volunteered to be a whole blood donor. I understand that there is a limit to the number and types of components that I can donate each year.

The hazards of the procedure include the following: (1) Complications such as a hematoma (bruise), localized infection at the venipuncture site, nerve or tendon injury, thrombophlebitis, or delayed and/or excessive bleeding from the needle site; (2) Vasovagal symptoms including severe sweating, nausea, vomiting, light headedness, fainting, or seizures. These symptoms may vary from mild to life threatening.

I agree not to donate if I feel that my lifestyle puts me at risk for being exposed to or contracting infectious hepatitis and/or the AIDS virus. I understand that I may call back after my donation if I feel that I need to notify someone that I may be in a high-risk group.

I have received complete information regarding research protocols associated with any investigational testing that may currently be required by the FDA. I agree that my blood may be used in the research protocol presented to me. I understand that waste blood may be used for research projects.

I have had an opportunity to ask questions about this procedure. I understand the blood donation process, and the risks of the procedure. I have had a chance to refuse to donate. I certify that I have answered all questions truthfully regarding my travel history, present and prior illnesses, symptoms and physical conditions. I voluntarily donate my blood to Garth Englund Blood Center (part of UCHealth) to use at its discretion.

Donor signature _____ Date _____ Witness signature _____

For office staff only

If **ElDorado Donor IN USE**, following section not required. If **ElDorado Donor NOT in use**, complete the following:

Pulse	Blood pressure/Equipment ID	Temperature/Equipment ID	Hematocrit/Equipment ID	Tech	Arm check
Scale ID	Bag lot	Start time	Elapsed time	DIN	
Site	Donor acceptable for donation? ☐ Yes ☐ No	Evaluated and drawn by			