

BLOOD DONATION RECORD

**DONATION IDENTIFICATION
NUMBER**

SECTION I – (Donor Drive Details taken from Drive ID connected to Donor during Registration)

1. DONATION FACILITY													
SECTION II (to be completed by blood donor)			2. TODAY'S DATE			3. ID TYPE			4. ID NUMBER			5. ID STATE/COUNTRY?	
6. NAME (Last, First, Middle Initial)				7. GRADE/RATE		8. DATE OF BIRTH		9. AGE	10. SEX M F		11. ETHNIC ORIGIN	12. ABO/Rh	13. DONOR CATEGORY Mil Dep Civ
14. CURRENT MAILING ADDRESS (Street, City, State, Zip Code)					15. COUNTRY			16. DUTY PHONE (Include Area Code)			17. BEST CONTACT PHONE (Include Area Code)		
18. ORGANIZATION					19. STATION				20. QUESTION SET				
SECTION III – (to be completed by donor center personnel)				21. DEFERRAL LIST CHECKED BY		22. DONOR ID VERIFIED BY		23. WEIGHT	24. TEMP TECH:	25. PULSE TECH:	26. BP TECH:	27. HGB/HCT TECH:	28. ARM CHECK SAT UNSAT
29. VITAL SIGNS MONITOR				30. HEMOGLOBINOMETER					31. SCALE				
32. GENERAL APPEARANCE SAT UNSAT		33. DONATION TYPE		34. INTENDED RECIPIENT		35. FMP/SSN			36. TOTAL DONATIONS		37. HOSPITAL TRANSFUSION SITE		38. SURGERY DATE
39. DOES DONOR QUALIFY? YES NO TECH: _____			40. BAG LOT NO.			41. SEGMENT NO.			42. ANTI-COAGULANT			43. REVIEWER	

DONOR MEDICAL HISTORY (Indicate "Y" for Yes or "N" for No)

1	Are you feeling healthy and well today?	Y	N	28	In the past three years , have you been outside the United States or Canada?	Y	N
2	Are you currently taking an antibiotic?	Y	N		FROM 1980 THROUGH 1996		
3	Are you currently taking any other medication for an infection?	Y	N	29	Did you spend time that adds up to three (3) months or more in the United Kingdom? (Review list of countries in the U.K.)	Y	N
4	Please read the Medication Deferral List. Are you now taking or have you ever taken any medications on the Medication Deferral List?	Y	N	30	Were you a member of the U.S. military, a civilian military employee, or a dependent of a member of the U.S. military?	Y	N
5	Have you read the educational materials?	Y	N		FROM 1980 TO THE PRESENT, DID YOU		
6	In the past 48 hours , have you taken aspirin or anything that has aspirin in it?	Y	N	31	Spend time that adds up to five (5) years or more in Europe? (Review list of countries in Europe.)	Y	N
7	In the past 6 weeks, Female Donors: have you been pregnant or are you pregnant now? (Males: check "I am male") <input type="checkbox"/> I am male	Y	N	32	Receive a blood transfusion in the United Kingdom or France? (Review list of countries in the U.K.)	Y	N
8	In the past 8 weeks , have you donated blood, platelets or plasma?	Y	N		FROM 1977 TO THE PRESENT, HAVE YOU		
9	In the past 8 weeks , have you had any vaccinations or other shots?	Y	N	33	Received money, drugs, or other payment for sex?	Y	N
10	In the past 8 weeks , have you had contact with someone who had a smallpox vaccination?	Y	N	34	Male donors: had sexual contact with another male, even once? (Females: check "I am Female") <input type="checkbox"/> I am female	Y	N
11	In the past 16 weeks , have you donated a double unit of red cells using an apheresis machine?	Y	N		HAVE YOU EVER		
	IN THE PAST 12 MONTHS, HAVE YOU			35	Had a positive test for the HIV/AIDS virus?	Y	N
12	Had a blood transfusion?	Y	N	36	Used needles to take drugs, steroids, or anything NOT prescribed by your doctor?	Y	N
13	Had a transplant such as organ, tissue, or bone marrow?	Y	N	37	Used clotting factor concentrates?	Y	N
14	Had a graft such as bone or skin?	Y	N	38	Had Hepatitis?	Y	N
15	Come into contact with someone else's blood?	Y	N	39	Had Malaria?	Y	N
16	Had an accidental needle-stick?	Y	N	40	Had Chagas disease?	Y	N
17	Had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus?	Y	N	41	Had Babesiosis?	Y	N
18	Had sexual contact with a prostitute or anyone else who takes money or drugs or other payment for sex?	Y	N	42	Received a dura mater (or brain covering) graft?	Y	N
19	Had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything NOT prescribed by their doctor?	Y	N	43	Had any type of cancer, including leukemia?	Y	N
20	Had sexual contact with anyone who has hemophilia or has used clotting factor concentrates?	Y	N	44	Had any problems with your heart or lungs?	Y	N
21	Female donors: Had sexual contact with a male who has ever had sexual contact with another male? (Males: check "I am male") . <input type="checkbox"/> I am male	Y	N	45	Had a bleeding condition or a blood disease?	Y	N
22	Had sexual contact with a person who has Hepatitis?	Y	N	46	Have any of your relatives had Creutzfeldt-Jakob disease?	Y	N
23	Lived with a person who has Hepatitis?	Y	N	47	Have you ever had a transfusion or ever been pregnant?	Y	N
24	Had a tattoo?	Y	N	48	From 1980 to present, did you spend time in Saudi Arabia?	Y	N
25	Had ear or body piercing?	Y	N	49	In the past 12 months, have you been under a doctor's care for an illness or surgery?	Y	N
26	Had or been treated for syphilis or gonorrhea?	Y	N		<i>Intentionally left blank</i>		
27	Been in juvenile detention, lockup, jail, or prison for more than 72 hours?	Y	N		<i>Intentionally left blank</i>		

SECTION IV		41. START TIME		42. STOP TIME		43. PHLEBOTOMIST		44. DONATION STATUS COMPLETE UNSUCCESSFUL INCOMPLETE OVERFILL		45. REACTION NONE SLIGHT MODERATE SEVERE	
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SECTION V – DONOR MEDICAL HISTORY COMMENTS/DONOR REACTION COMMENTS (to be completed by Donor Center personnel)

SAMPLE

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 – It has been explained to me that blood donation is a voluntary process requiring the collection of approximately 450-500 mL of blood. The collection time usually 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 include: fatigue, light-headedness, dizziness, nausea, vomiting, and/or fainting. On very rare occasions, a more severe reaction may occur.

I have reviewed and understand the information provided to me regarding the spread of the AIDS virus (HIV) by blood and plasma. If I am potentially at risk for spreading the virus known to cause AIDS, I agree not to donate any blood products for transfusion to another person or for further manufacture. I understand that my blood will be tested for antibodies to HIV, Hepatitis B, Hepatitis C, and other disease markers. If this testing indicates that I should no longer donate blood or plasma because of a risk of transmitting these viruses, my name will be entered on a list of permanently deferred donors. I understand that I will be notified of positive results. For active duty personnel, reservists, and accessions, I understand positive screening and confirmatory results will be forwarded to appropriate medical personnel for further evaluation, and if required "fitness for duty" determination. 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 understand there are rare circumstances, due to blood tubes not being collected or due to specimen acceptability, in which infectious disease testing may not be performed on my blood.

I understand that if a computer assisted interview is completed, only the questions I have answered that require further information will be printed on this form.

I have been given an opportunity to ask questions and have had a chance to refuse the phlebotomy procedure. My signature below indicates my consent to have a phlebotomist collect blood from me today.

76. DONOR SIGNATURE. I have read the Privacy Act Statement and Statement of Consent above, and have been given the opportunity to ask questions relating to the educational material and medical history questions.

Signature

Date