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Making Your Blood Donation Safe
Thank you for coming in today! This information sheet explains how YOU can help us make the donation process safe for yourself and patients who might receive your blood. PLEASE READ THIS INFORMATION BEFORE YOU DONATE! If you have any questions now or anytime during the screening process, please ask blood center staff.

Accuracy and Honesty are Essential!
Your complete honesty in answering all questions is very important for the safety of patients who receive your blood. All information you provide is confidential.

Donation Process
To determine if you are eligible to donate we will:
- Ask questions about health, travel, and medicines
- Ask questions to see if you might be at risk for hepatitis, HIV, or AIDS
- Take your blood pressure, temperature and pulse
- Take a small blood sample to make sure you are not anemic

If you are able to donate we will:
- Cleanse your arm with an antiseptic
- Use a new, sterile, disposable needle to collect your blood
- Take a blood sample
- Take your blood pressure, temperature and pulse
- Take a small blood sample to make sure you are not anemic
- Give you a light snack

Donor Eligibility – Specific Information
Why we ask questions about sexual contact:
Sexual contact may cause contagious diseases like HIV to get into the bloodstream and be spread through blood transfusions to someone else.

Definition of “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:
1. Vaginal sex (contact between penis and vagina)
2. Oral sex (mouth or tongue on someone’s vagina, penis, or anus)
3. Anal sex (contact between penis and anus)

HIV/AIDS Risk Behaviors and Symptoms
AIDS is caused by HIV. HIV is spread mainly through sexual contact with an infected person OR by sharing needles or syringes used for injecting drugs.

Travel to or Birth in Other Countries
Blood donor tests may not be available for some contagious diseases 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.

DO NOT DONATE IF YOU:
- Have AIDS or have ever had a positive HIV test
- Have ever used needles to take drugs, steroids, or anything not prescribed by your doctor
- Are a male who has had sexual contact with another male, even once, since 1977
- Have ever taken money, drugs or other payment for sex since 1977
- Have had sexual contact in the past 12 months with anyone described above
- Have had syphilis or gonorrhea in the past 12 months
- In the last 12 months have been in juvenile detention, lockup, jail or prison for more than 72 hours
- Have any of the following conditions that can be signs or symptoms of HIV/AIDS:
  - Unexplained weight loss or night sweats
  - Blue or purple spots in your mouth or skin
  - Swollen lymph nodes for more than one month
  - White spots or unusual sores in your mouth
  - Cough that won’t go away or shortness of breath
  - Diarrhea that won’t go away
  - Fever of more than 100.5°F for more than 10 days

Remember that you CAN give HIV to someone else through blood transfusions even if you feel well and have a negative HIV test. This is because tests cannot detect infections for a period of time after a person is exposed to HIV.

If you think you may be at risk for HIV/AIDS or want an HIV/AIDS test, please ask for information about other testing facilities. PLEASE DO NOT DONATE TO GET AN HIV TEST!

Other Specific Information
To determine what components can be made from your donation, please notify staff if:
- You had surgery in the U.K from January 1980 to present.
- You had an endoscopic examination procedure.

What Happens after Your Donation
To protect patients, your blood is tested for hepatitis B and C, HIV, certain other infectious diseases, and may be tested for sickle cell trait/disease. If your blood tests positive for infectious diseases it will not be given to a patient. You will be notified about test results that may disqualify you from donating in the future. Please do not donate to get tested for HIV, hepatitis, or any other infections!

Thank You
for Saving a Life Today!

HOTLINE 1-800-821-6277 24 hours a day, 7 days a week
If you donate today, but are concerned for any reason that your blood may not be suitable for transfusion, please call as soon as possible.

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Please tell us if you are now taking or if you have EVER taken any of these medications:

- **Accutane**, **Absorica**, **Amnesteem**, **Claravis**, **Myorisan**, **Sotret**, **Zenatane** (isotretinoin) – usually given for severe acne
- **Avodart**, **Jalyn** (dutasteride) – usually given for prostate enlargement
- **Feldene** – given for mild to moderate arthritis pain
- **Growth Hormone from Human Pituitary Glands** – used usually for children with delayed or impaired growth
- **Hepatitis B Immune Globulin** – given following an exposure to hepatitis B*  
  * This is different from the hepatitis B vaccine which is a series of 3 injections given over a 6-month period to prevent future infection from exposures to hepatitis B.
- **Insulin from Cows (Bovine, or Beef, Insulin)** – used to treat diabetes
- **Plavix** (clopidogrel) and **Ticlid** (ticlopidine) – inhibits platelet function; used to reduce the chance for heart attack and stroke
- **Propecia** (finasteride) - usually given for baldness
- **Proscar** (finasteride) – usually given for prostate gland enlargement
- **Soriatane** (acitretin) – usually given for severe psoriasis
- **Tegison** (etretinate) – usually given for severe psoriasis
- **Unlicensed (Experimental) Vaccine or Experimental Medication** – usually associated with a research protocol

If you would like to know why these medicines affect you as a blood donor, please keep reading:

- If you have taken or are taking **Absorica, Accutane, Amnesteem, Avodart, Claravis, Jalyn, Myorisan, Propecia, Proscar, Soriatane, Sotret, Tegison or Zenatane**, these medications can cause birth defects. Your donated blood could contain high enough levels to damage the unborn baby if transfused to a pregnant woman. Once the medication has been cleared from your blood, you may donate again. Following the last dose, the deferral period is one month for Absorica, Accutane, Amnesteem, Claravis, Myorisan, Propecia, Proscar, Sotret and Zenatane, six months for Avodart and Jalyn, and three years for Soriatane. Tegison is a permanent deferral.
- **Feldene** is a non-steroidal anti-inflammatory drug that can affect platelet function. A donor taking Feldene will not be able to donate platelets for 2 days; however, its use will not affect whole blood donations.
- **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 found in the brain. Some people who took this hormone developed a rare nervous system condition called Creutzfeldt-Jakob Disease (CJD, for short). The deferral is permanent.
- **Hepatitis B Immune Globulin (HBIG)** is an injected material used to prevent infection following an exposure to hepatitis B. HBIG does not prevent hepatitis B infection in every case, therefore persons who have received HBIG must wait 12-months to donate blood to be sure they were not infected since hepatitis B can be transmitted through transfusion to a patient.
- **Insulin from cows (bovine, or beef, insulin)** is an injected material used to treat diabetes. If this insulin was imported into the US from countries in which “Mad Cow Disease” has been found, it could contain material from infected cattle. There is concern that “Mad Cow Disease” is transmitted by transfusion. The deferral is indefinite.
- **Plavix and Ticlid** are medications that can decrease the chance of a heart attack or stroke in individuals at risk for these conditions. Since these medications can affect platelets, anyone taking Plavix or Ticlid will not be able to donate platelets for 14 days after the last dose. Use of either medication will not prohibit whole blood donations.
- **Unlicensed (Experimental) Vaccine or Experimental Medication** is usually associated with a research protocol and the effect on blood donation is unknown. Deferral is one year unless otherwise indicated by Medical Director.

**EUROPEAN COUNTRIES LIST**

European Countries List is used for deferral of donors based on geographic risk of bovine spongiform encephalopathy (BSE), commonly known as “mad cow disease”.

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<td>Denmark</td>
<td>Federal Republic of Yugoslavia</td>
<td>Republic of Ireland</td>
<td>and Montenegro</td>
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<td>Switzerland</td>
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<td>United Kingdom*</td>
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* The United Kingdom should be taken to include all of the following: England, Isle of Man, Northern Ireland, Channel Islands, Scotland, Gibraltar, Wales, and Falkland Islands.
** France should be taken to include its overseas departments: Martinique, Guadeloupe, Réunion, and French Guiana.
*** Spain should be taken to include the Canary Islands, Balearic Islands, and Spanish North African territories of Ceuta, Melilla, Chafarinas Islands, Peñón de Vélez de la Gomera, and Alhucemas.

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Pre-donation Information on Iron Deficiency and Maintaining Iron Balance

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 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.

Prepared by the AABB Interorganizational Task Force on Donor Hemoglobin Deferrals