



COMMUNITY BLOOD BANK

DONOR HISTORY

ID:

REVIEW DATE: _____

REVIEWED BY: _____

MAIN OFFICE
2646 PEACH STREET
ERIE, PA 16508

PLEASE PRINT

NAME (LAST, FIRST, MI), ADDRESS, ZIP		DATE	DOB	AGE
DONOR GROUP #		ELIGIBILITY DATE		
E-MAIL				
CELL PHONE				
PHONE	SEX	BLOOD TYPE	DAY / WORK PHONE	
LAST PLACE DONATED			WHEN	

	YES	NO		YES	NO
ARE YOU:			IN THE PAST 8 WEEKS, HAVE YOU		
1. FEELING HEALTHY AND WELL TODAY?			10. HAD CONTACT WITH SOMEONE THAT HAD A SMALLPOX VACCINATION?		
2. CURRENTLY TAKING AN ANTIBIOTIC?			11. IN THE PAST 16 WEEKS HAVE YOU DONATED A DOUBLE UNIT OF RED BLOOD CELLS USING AN APHERESIS MACHINE?		
3. CURRENTLY TAKING ANY OTHER MEDICATION FOR AN INFECTION?			IN THE PAST 12 MONTHS, HAVE YOU		
PLEASE READ THE MEDICATION DEFERRAL LIST			12. HAD A BLOOD TRANSFUSION?		
4. ARE YOU NOW TAKING OR HAVE YOU EVER TAKEN ANY MEDICATION ON THE MEDICATION DEFERRAL LIST?			13. HAD A TRANSPLANT SUCH AS ORGAN, TISSUE, OR BONE MARROW?		
5. HAVE YOU READ THE EDUCATIONAL MATERIALS?			14. HAD A GRAFT SUCH AS BONE OR SKIN?		
IN THE PAST 48 HOURS, HAVE YOU			15. COME INTO CONTACT WITH SOMEONE ELSE'S BLOOD?		
6. TAKEN ASPIRIN OR ANYTHING THAT HAS ASPIRIN IN IT?			16. HAD AN ACCIDENTAL NEEDLE STICK?		
IN THE PAST 6 WEEKS, HAVE YOU			17. HAD SEXUAL CONTACT WITH ANYONE WHO HAS HIV/AIDS OR HAS HAD A POSITIVE TEST FOR THE HIV/AIDS VIRUS?		
7. FEMALE DONORS: BEEN PREGNANT OR ARE YOU PREGNANT NOW? (MALES: CHECK MALE <input type="checkbox"/>)			18. HAD SEXUAL CONTACT WITH A PROSTITUTE OR ANYONE ELSE WHO TAKES MONEY, DRUGS OR OTHER PAYMENT FOR SEX?		
IN THE PAST 8 WEEKS, HAVE YOU			19. HAD SEXUAL CONTACT WITH ANYONE WHO HAS EVER USED NEEDLES TO TAKE DRUGS OR STERIODS, OR ANYTHING NOT PRESCRIBED BY THEIR DOCTOR?		
8. DONATED BLOOD, PLASMA OR PLATELETS?			20. HAD SEXUAL CONTACT WITH ANYONE WHO HAS HEMOPHILIA OR USED CLOTTING FACTOR CONCENTRATES?		
9. HAD ANY VACCINATIONS OR OTHER SHOTS?			21. FEMALE DONORS: HAD SEXUAL CONTACT WITH A MALE WHO HAS EVER HAD SEXUAL CONTACT WITH ANOTHER MALE? (MALES: CHECK MALE <input type="checkbox"/>)		

DEFERRAL: T P

AUTO OR DIRECTED _____ OF _____

FOR: _____

HOSPITAL: _____

DATE: _____

BLOOD RELATIVE YES NO

START: FINISH START: FINISH

1	LOT NO.	
	SEG NO.	
	PHLEB	
	VOL. (g)	
	SCALE NO.	
	ARM	L R

2	LOT NO.	
	SEG NO.	
	PHLEB	
	VOL. (g)	
	SCALE NO.	
	ARM	L R

COMMENTS:

PRINTING CONCEPTS INC ERIE PA 16506

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		YES	NO			YES	NO
IN THE PAST 12 MONTHS HAVE YOU				HAVE YOU EVER			
22.	HAD SEXUAL CONTACT WITH A PERSON WHO HAS HEPATITIS?			35.	HAD A POSITIVE TEST FOR THE HIV/AIDS VIRUS?		
23.	LIVED WITH A PERSON WHO HAS HEPATITIS?			36.	USED NEEDLES TO TAKE DRUGS, STEROIDS, OR ANYTHING NOT PRESCRIBED BY YOUR DOCTOR?		
24.	HAD A TATTOO?			37.	USED CLOTTING FACTOR CONCENTRATES?		
25.	HAD EAR OR BODY PIERCING?			38.	HAD HEPATITIS?		
26.	HAD OR BEEN TREATED FOR SYPHILIS OR GONORRHEA?			39.	HAD MALARIA?		
27.	BEEN IN JUVENILE DETENTION, LOCK UP, JAIL OR PRISON FOR MORE THAN 72 HOURS?			40.	HAD CHAGAS DISEASE?		
IN THE PAST THREE YEARS HAVE YOU				41.	HAD BABESIOSIS?		
28.	BEEN OUTSIDE THE UNITED STATES OR CANADA?			42.	RECEIVED A DURA MATER (OR BRAIN COVERING) GRAFT?		
FROM 1980 THROUGH 1996				43.	HAD ANY TYPE OF CANCER, INCLUDING LEUKEMIA?		
29.	DID YOU SPEND TIME THAT ADDS UP TO THREE (3) MONTHS OR MORE IN THE UNITED KINGDOM (REVIEW LIST OF COUNTRIES IN THE UK)?			44.	HAD ANY PROBLEMS WITH YOUR HEART OR LUNGS?		
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?			45.	HAD A BLEEDING CONDITION OR A BLOOD DISEASE?		
FROM 1980 TO THE PRESENT, DID YOU				46.	HAVE ANY OF YOUR RELATIVES HAD CREUTZFELDT-JACOBS DISEASE?		
31.	SPEND TIME THAT ADDS UP TO FIVE (5) YEARS OR MORE IN EUROPE (REVIEW LIST OF COUNTRIES IN EUROPE)?			47.	DONATED OR ATTEMPTED TO DONATE USING A DIFFERENT NAME?		
32.	RECEIVE A BLOOD TRANSFUSION IN THE UNITED KINGDOM (REVIEW LIST OF COUNTRIES IN UK) OR FRANCE?			48.	FEMALE DONORS ONLY: HAVE YOU EVER BEEN PREGNANT? IF YES, DATE OF LAST PREGNANCY (mm/yy)? _____		
FROM 1977 TO PRESENT, HAVE YOU				ADDITIONAL QUESTIONS:			
33.	RECEIVED MONEY, DRUGS OR OTHER PAYMENT FOR SEX?						
34.	MALE DONORS : HAD SEXUAL CONTACT WITH ANOTHER MALE, EVEN ONCE? (FEMALES: CHECK FEMALE <input type="checkbox"/>)						

I AM VOLUNTARILY DONATING MY BLOOD TO THE COMMUNITY BLOOD BANK OF ERIE COUNTY FOR TRANSFUSION AND OTHER MEDICAL AND SCIENTIFIC PURPOSES, INCLUDING FURTHER MANUFACTURING. IN DOING SO, I HEREBY GIVE MY INFORMED CONSENT TO PERFORM THE PROCEDURES NECESSARY TO COLLECT AND TEST MY BLOOD.

I UNDERSTAND THE RISKS OF DONATING BLOOD INCLUDE (BUT ARE NOT LIMITED TO): ARM BRUISES, NERVE INJURY, LIGHT HEADEDNESS, FAINTING, INFECTION, ANEMIA, AND/OR IRON DEFICIENCY. I AM WILLING TO UNDERGO THE RISKS INVOLVED IN THIS PROCEDURE IN ORDER THAT I MAY DONATE MY BLOOD.

I HAVE REVIEWED AND UNDERSTAND THE INFORMATION PROVIDED TO ME REGARDING THE SPREAD OF THE AIDS (HIV) VIRUS. IF I AM AT RISK FOR SPREADING THE AIDS (HIV) VIRUS I AGREE NOT TO DONATE BLOOD OR PLASMA FOR TRANSFUSION TO ANOTHER PERSON OR FOR FURTHER MANUFACTURE. I UNDERSTAND MY BLOOD WILL BE TESTED FOR HIV, HEPATITIS B, HEPATITIS C AND OTHER INFECTIOUS DISEASES. OTHER TESTS LIKE ABO/RH, CMV, PLATELET AND OTHERS MAY ALSO BE PERFORMED. SOME OF THESE TESTS MAY BE INVESTIGATIONAL (RESEARCH) TESTS. I HAVE READ AND UNDERSTAND THE RESEARCH INFORMATION ASSOCIATED WITH THIS RESEARCH. IF I TEST POSITIVE FOR THE HIV VIRUS OR ANY OTHER INFECTIOUS DISEASE MY NAME WILL BE ENTERED ON A LIST OF PERMANENTLY DEFERRED DONORS AND MAY ALSO BE REPORTED TO GOVERNMENT AGENCIES IF REQUIRED BY LAW. I FURTHER UNDERSTAND THAT I WILL BE NOTIFIED OF A POSITIVE RESULT OR ANY TEST RESULT THAT MAY AFFECT MY ELIGIBILITY TO DONATE. I UNDERSTAND THERE ARE CIRCUMSTANCES IN WHICH INFECTIOUS DISEASE TESTS CANNOT BE PERFORMED. I HAVE HAD ALL MY QUESTIONS ANSWERED.

THE MEDICAL HISTORY WHICH I HAVE FURNISHED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

DONOR SIGNATURE _____ DATE _____

SCREENER ID _____

PHYSICAL EXAMINATION				S	U
SCREENING BOOTH	HEMATOCRIT ≥38%	HEMOGLOBIN			
				S	U
BP 90/50 - 180/100	P 50-100	T. ≤ 99.5°F	EXAM OF BOTH ARMS		
/			WEIGHT: ≥ 110 LBS		
/			INITIALS: /		
Pheresis: Ht/Wt					