UCI Health
Blood Donor Center

Affix Donor Label Here

Donor Initials

Permanent EDD#

Donor Screening Record

VP #1 DIN | **VP #2 DIN**

Today's Date: MM / DD / 20YY

LEGAL LAST Name	LEGAL FIRST Name / Middle Name/Initial	Suffix	Nickname
Current Address (Number and Street) Apt /Unit #	*What other name(s) have you EVER donated or attempted to donate under?* ☐ Not Applicable	EVER *donated* or *tried* to donate **ANYWHERE**? ☐ **Yes.** When?______ ☐ **No.** First time donor	
City / State / Zip Code	Gender: ☐ Male ☐ Female ☐ Nonbinary	Allergic to: ☐ Latex ☐ Iodine ☐ Neither	
Phone # ( )	Date of Birth MM / DD / YYYY / Age	Email Address	

STAFF USE ONLY BELOW HERE

A. **Collection Type** ☐ WB ☐ Apheresis ☐ Sample

Intended Use ☐ Allo (L) ☐ Directed (D) ☐ Designated (S)

ID Type: ☐ CDL/CID ☐ UCI/UCLA EID ☐ EID ☐ SID ☐ OOSDL______ ☐ Pass ☐ Other ______

Q. Other Name(s) ✓by ☐ NA

B. Photo ID ✓ by

ID #: ☐ No ID# Available

C. Eligibility ✓ by

VP #1 **DSR Reviewed?** ☐ Yes ☐ See ACHR for APH Procedure

O. VP#1 By		Arm Prep	☐ L ☐ R ☐ ChloraP ☐ Other
Start 1st VP		L. Bag Type	☐ PAS3DIL ☐ ______
Stop 1st VP		K. Bag Lot#	
# Minutes		M. Scale ID#	
Volume	mL	P. Failure Code	☐ NA

ChloraP Lot#: **Exp:** MM /20 YY

VP #2 **DSR Reviewed?** ☐ Yes **2nd VP Consent?** ☐ YES

O. VP#2 By		Arm Prep	☐ L ☐ R ☐ ChloraP ☐ Other
Start 2nd VP		L. Bag Type	☐ PAS3DIL ☐ ______
Stop 2nd VP		K. Bag Lot #	
# Minutes		M. Scale ID #	
Volume	mL	P. Failure Code	☐ NA

J. **Reaction:** ☐ Mild ☐ Moderate* ☐ Severe* *See Attached Donor Reaction Report Form

Donor Consent

- I have reviewed and understand the Blood Donor Information and Blood Donor Educational Materials
- I have had all my questions answered to my satisfaction
- I will not donate if I believe that my blood is not suitable for transfusion
- I understand that I can withdraw from the blood donation process at anytime
- I understand a sample of my blood may be used for research
- I understand there are risks associated with donating blood which include but not limited to: bruising, nerve injury, loss of red blood cells, weakness, nausea, fainting, chills, muscle twitching, and tenderness at needle site.
- I certify that I have answered all questions truthfully and to the best of my knowledge
- I consent to the blood donation process

Donor Signature Date: MM / DD / 20YY

Health Historian Signature

I. Wt	F. Temp	G. Pulse	H. BP	N. Arms	E. HgB
	. Therm ID #:		____	☐ S ☐ U	. HCue ID #

OK to donate? ☐ Yes ☐ Deferred

D. Deferral Code(s) **NED** ☐ HGB ☐ TRALI

I have been notified of the reason(s) and length of deferral, type of future donations, availability of medical counseling, and that my name will be placed in UC's internal deferral database. **Donor Initials**

Staff comments:

Dnr Profile/Visit	Physical Exam	Draw Detail	Failure Code	Deferral(s)	Special Inst			
Initials	☐ NA Initials	☐ NA Initials	☐ NA Initials	☐ NA Initials	☐ NA Initials	☐ TR	☐ Latex	☐ Iodine

Alert Code(s) ☐ Q ☐ X ☐ AB ☐ S ☐ CP ☐ CMV ☐ TR ☐ HLA ☐ D

Ent on BCL By: ☐ NA Initials

EDD Record Review OK? ☐ Yes ☐ No ☐ NA

EDD Record Review by Initials

DSR Final Rev By: Initials

PLEASE ANSWER ALL QUESTIONS	MARK ANSWER WITHIN THE BOX
Are You:	
1. Feeling healthy and well today?	☐Yes ☐No
2. Currently taking an antibiotic?	☐Yes ☐No
3. Currently taking any other medication for an infection?	☐Yes ☐No
4. Pregnant now?	☐Yes ☐No
Have you:	
5. Taken any medications on the Medication Deferral list in the time frames indicated? **(Review the Medication Deferral List)**	☐Yes ☐No
6. Read the blood donor educational materials today?	☐Yes ☐No
In the past 48 hours have you:	
7. In the past 48 hours, have you taken aspirin or anything with aspirin in it?	☐Yes ☐No
In the past 8 weeks have you:	
8. Donated blood, platelets or plasma?	☐Yes ☐No
9. Had any vaccinations or other shots?	☐Yes ☐No
10. Had contact with someone who was vaccinated for smallpox in the past 8 weeks?	☐Yes ☐No
In the past 3 months have you:	
11. Taken any medications by mouth (oral) to prevent HIV infection? (ie PrEP or PEP)	☐Yes ☐No
12. Had sexual contact with a new partner? (Refer to examples of "new partner" in the **Blood Donor Educational Material**)	☐Yes ☐No
13. Had sexual contact with more than one partner?	☐Yes ☐No
14. Had sexual contact with anyone who has ever had a positive test for HIV infection?	☐Yes ☐No
15. Received money, drugs, or other payment for sex?	☐Yes ☐No
16. Had sexual contact with anyone who has, in the past 3 months, received money, drugs, or other payment for sex?	☐Yes ☐No
17. Used needles to inject drugs, steroids, or anything not prescribed by your doctor?	☐Yes ☐No
18. Had sexual contact with anyone who has ever used needles in the past 3 months to inject drugs, steroids, or anything not prescribed by their doctor?	☐Yes ☐No
19. Had syphilis or gonorrhea or been treated syphilis or gonorrhea?	☐Yes ☐No
20. Had sexual contact with a person who has hepatitis?	☐Yes ☐No
21. Lived with a person who has hepatitis?	☐Yes ☐No
22. Had an accidental needle-stick?	☐Yes ☐No
23. Come into contact with someone else's blood?	☐Yes ☐No
24. Had a tattoo?	☐Yes ☐No
25. Had ear or body piercing?	☐Yes ☐No
26. Had a blood transfusion?	☐Yes ☐No
27. Had a transplant such as organ, tissue, or bone marrow?	☐Yes ☐No
28. Had a graft such as bone or skin?	☐Yes ☐No

IN THE PAST 16 WEEKS:	
29. Have you donated a double unit of red cells using an apheresis machine?	☐Yes ☐No
In the Past 12 Months, have you:	
30. Been in juvenile detention, lockup, jail, or prison for 72 hours or more consecutively?	☐Yes ☐No
In the past 2 years, have you:	
31. Received any medication by injection to prevent HIV infection? (ie long acting antiviral PrEP or PEP)?	☐Yes ☐No
In the past 3 years, have you:	
32. Been outside the United States or Canada?	☐Yes ☐No
Have you ever:	
33. Had a positive test for HIV infection?	☐Yes ☐No
34. Taken any medication to treat HIV infection?	☐Yes ☐No
35. Been pregnant?	☐Yes ☐No
36. Had malaria?	☐Yes ☐No
37. Received a dura mater (or brain covering) graft or xenotransplantation product?	☐Yes ☐No
38. Had any type of cancer, including leukemia?	☐Yes ☐No
39. Had any problems with your heart or lungs?	☐Yes ☐No
40. Had a bleeding condition or a blood disease?	☐Yes ☐No
41. Had a positive test result for Babesia?	☐Yes ☐No
42. Within the last year have you been under a doctor's care, had a major illness or had surgery?	☐Yes ☐No
43. Been deferred or refused as a blood donor or told not to donate blood for any reason?	☐Yes ☐No
In the next 8 weeks:	
44. Will you be reachable at your current postal address?	☐Yes ☐No

Comments (Staff Use Only)