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

Dnr Profile/Visit	Physical Exam	Draw Detail	Failure Code
Initials	☐ NA Initials	☐ NA Initials	☐ NA Initials

Alert ☐ Q ☐ X ☐ AB ☐ S ☐ CP

Code(s) ☐ CMV ☐ TR ☐ HLA ☐ D

Ent on BCL By: ☐ NA Initials

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 Therm ID #:	G. Pulse	H. BP	N. Arms ☐ S ☐ U	E. HgB HCue ID #

OK to donate? ☐ **Yes** ☐ **Deferred**

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

D. Deferral Code(s) ☐ HGB ☐ TRALI

NED

Staff comments:

Deferral(s)	Special Inst			
☐ NA Initials	☐ NA Initials	☐ TR	☐ Latex	☐ Iodine

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)