

**User Instructions  
Allogeneic HPC, Apheresis and HPC, Marrow  
Donor History Questionnaire**

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## User Instructions Allogeneic HPC, Apheresis and HPC, Marrow Donor History Questionnaire

Glossary terms are underlined when used in this document.

**Purpose:** The User Instructions, Donor History Questionnaire (DHQ) and accompanying materials were designed by an interorganizational Uniform Donor History – HPC Task Force to screen hematopoietic progenitor cell (HPC) donors for communicable disease risk factors in accordance with requirements of the FDA, AABB, FACT and NMDP. Applicable state regulations and regulations of a country being exported to will need to be considered. For non-US cellular therapy banks additional eligibility requirements of the national competent authority may need to be added.

All of the materials (User Instructions, DHQ, Medication List, Donor Educational Materials, and Flowcharts) are intended to aid in determining if a prospective allogeneic donor is eligible to donate HPC, Apheresis and HPC, Marrow. These materials **were not designed for use with cord blood donors** and may need to be modified if used for autologous donors. According to the FDA, if the donor is not living or is unable to participate in the interview, then the interview may be with one or more individuals who can provide the information [21 CFR 1271.3(n)].

Each facility must have a standard operating procedure (SOP) related to donor eligibility to be used in conjunction with the User Instructions (Instructions). These materials do not replace an SOP for determining donor eligibility, but may be incorporated into the SOP. A list of references at the end of these Instructions may provide assistance in developing the SOPs. Both the Instructions and the SOP must be available to staff performing health histories.

**Introduction:** The DHQ is designed for use at the time of initial donor evaluation and at other times as defined by local facility SOPs. The questionnaire and accompanying materials are used as part of the process for determining donor eligibility. Other steps include a thorough medical history, review of medical records, physical examination, and laboratory testing. Facility SOPs must also define the risk factors to be assessed during the review of medical records and physical examinations; and the laboratory testing performed. Many of the questions have been evaluated for comprehension in English-speaking subjects by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention. Cognitive testing, the methodology utilized by NCHS, is considered to be the state-of-the-art approach for evaluating survey questions for comprehension.

**Capture Questions:** The DHQ uses capture questions that may require donor historian intervention or follow-up. Capture questions are questions that cover a broad topic, and when an affirmative answer is given, follow-up questions may be asked by the donor historian to elicit additional information. Some follow-up questions are included in the flowcharts, but since specific donor eligibility criteria may vary from one facility to

another, an affirmative response to some questions may require consultation with the facility's SOP. Per local SOPs, facilities may implement more restrictive donor selection policies than described in the DHQ documents.

**Methods of Administration:** The method of administration of the DHQ should be in accordance with the facility's SOP. Donor screening is an active process involving open communication between donors and interviewers, and donors should be encouraged to voice questions and concerns at any time. The donor interview may be taken in person, over the phone, or self-administered. If self-administered, facility SOP's must describe how active dialogue is achieved and documented during the interview with the donor.

The materials were designed, structured and evaluated collectively and are intended to be used together. In order to effectively complete the questionnaire, prospective donors must first read the Donor Educational Materials. They also must be provided the Medication List, and the lists of countries that are referred to in the questionnaire for determining risk factors for certain communicable diseases.

**DHQ Materials - Structure and Content:** The DHQ questions were composed for ease of understanding by the prospective donor. They are grouped by time period beginning with a question about "are you currently" and ending with questions relating to "have you ever." The DHQ was evaluated for comprehension; therefore, the order, content, and wording of the questions should not be changed. Facilities may choose to incorporate additional questions that are required by local SOPs. These questions should be grouped at the end of the questionnaire in the area designated for additional questions.

The Donor Educational Materials are intended to inform the donor of the importance of the questions they will be asked. They are also designed to educate the donor about the signs and symptoms of HIV/AIDS and what is meant by the term "sexual contact". Local additions should be placed at the end of the materials.

The Medication List should be used without modification except for local additions, which should be placed at the end of the materials. Medications included on this list are to be used in the assessment of donors for risk of exposure to communicable diseases. Additional questions regarding prescription or over-the-counter medications are included on the questionnaire and used to assess bacterial infections or issues that might relate to the donor's health or safety of the collection process, such as coagulation issues.

**Reformatting Materials:** Centers may choose to format these documents to fit their own individual use. Examples of such modifications include:

- Formatting the questions on the page in a single column, double columns, single page, double pages, etc.
- Placing the numbers in front of the answer boxes, behind the answer boxes, or leaving them out entirely (though for logistical purposes, the Task Force recommends against eliminating the numbers altogether)
- Experimenting with different font types, sizes and colors
- Experimenting with shading to assist donors in staying "on-line"

- Formatting the Donor Educational Materials and/or Medication List as needed to use as a brochure, handout, poster, or whatever is appropriate to suit your own needs, as long as the order, content and wording are unchanged. Local additions should be placed at the end.
- Changing the flowcharts, if used, to include facility specific medical criteria as long as any changes or additions are more restrictive; facilities should not modify flowcharts to make them less restrictive.
- Gender specific questions – for facilities that choose to have the questionnaire administered by a historian a method should be developed whereby the historian marks the question as “not appropriate” when interviewing a donor of the other sex.

**Questions to Detect Donors at Risk for HIV Group O:** “Have you ever had sexual contact with anyone who was born in or lived in Africa?” and “Have you ever been in Africa?” are recommended by FDA to identify donors who may be at risk for HIV Group O infections. Facilities utilizing an HIV test that has been approved by FDA for donor screening to include a claim for detection of Group O viruses may delete these questions from their screening questionnaire and may renumber the remainder of the questions (and related documents such as flowcharts). All other facilities must continue to use these questions as formatted. See the Appendices for a list of HIV Group O countries of risk in Africa.

**Screening Children Born to Mothers with or at Risk for HIV infection:** A child born to a mother with or at risk for HIV infection is eligible if the child is over 18 months of age and has not been breastfed within the preceding 12 months, provided that the child’s HIV antibody tests, physical examination, and medical records do not indicate evidence of HIV infection. Local facility SOPs should describe further criteria to use when evaluating these donors, including the conditions under which the questions will be asked of a surrogate.

**Screening Pediatric Donors:** Facilities that evaluate pediatric donors should have procedures to define the process. Screening of pediatric donors should also follow state laws. For additional information on screening infant donors one month of age or less, please refer to the FDA guidance document “*Eligibility Determination for Donors of Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps)*”.

**Other Issues to Consider When Evaluating Donors:** Each facility should have written policies to further evaluate their cellular therapy donors and recipients. The evaluation should include factors such as risks of collection, and other non-communicable disease questions to assist in selecting the appropriate donor and to ensure the safety of the donor and recipient. This evaluation can occur during the history and physical examination and again on the day of collection or at other times according to facility policy.

**Documentation:** Information impacting donor eligibility determination should be meticulously documented on the DHQ. Responses should be documented with sufficient detail to determine the reason for donor eligibility or ineligibility. Each facility’s SOP

must define how donor responses to any follow-up questioning will be documented on the DHQ. On occasion a donor may not know the answer to a question. Facility SOPs should be in place to provide direction for determining how an “I don’t know” response will impact the eligibility of the donor.

Facility SOPs should define the action to be taken to determine if and when a product will be collected from an otherwise ineligible donor under the definition of urgent medical need. Facility SOPs should also define the action to be taken when the donor eligibility is incomplete (no response documented on the DHQ) and facilities should have policies for storage and use of a product released under urgent medical need.

**Flowcharts:** The User Instructions provide flowcharts to guide the donor historian through the donor history questionnaire process. These flowcharts are intended as a resource to be used with the capture questions (as described above). Flowcharts may be revised by facilities to reflect local policy as long as eligibility decisions are not made less strict than those required by FDA or peer accrediting standards. Alternatively, facilities may have an SOP that provides a different methodology to gather the necessary information for determining donor eligibility when a donor provides a response to a question on the DHQ that requires follow-up.

Each question is a separate flow chart, and each one contains the following information:

Question: Question number and the question.

Donor Eligibility: This section provides additional information to the donor historian on donor eligibility requirements for each question.

Note: Optional field; additional relevant information relating to the donor question.

Flow Chart: Each question is flow-charted using standard flow-charting symbols.

Square / Rectangle -- Statement

Diamond -- Question/decision point

Oval -- Action

Arrow -- Move to the next question

Each question ends with an ARROW that indicates to “move to the next question;” however, facilities must follow their established policies concerning whether or not the donor eligibility process is terminated when it is known that the donor will not be selected.

**Eligibility Determinations:** Communicable Disease Questions are designed to be compliant with FDA regulations and recommendations. For some questions, a “yes” answer calls for a determination that the donor is ineligible per FDA regulations and or recommendations. This determination is designated in the flowcharts by the Action “***Donor is ineligible, but may be collected in certain situations. Refer to facility SOP for circumstances for use and documentation of urgent medical need OR Refer to facility SOP for circumstances for use and documentation of urgent medical need or 21 CFR 1271.65(b) or 21 CFR 1271.90.***” Each facility must have SOPs to describe the necessary documentation, notification, consent, and labeling that is necessary when an ineligible

donor or a donor for whom donor eligibility has not been completed will be utilized due to urgent medical need. Adherence to 21 CFR 1271.60 is a requirement when donor eligibility determination has not been completed.

For other questions, a “yes” answer may trigger a line of questioning to determine if the donor is eligible. The donor historian will need to refer to the facility’s SOP to determine eligibility based on responses to the follow-up questions. This determination is designated in the flow chart by the Action “***Refer to facility SOP for further donor eligibility criteria.***”

**Change Control:** Periodically the Donor History Questionnaire, the accompanying documents or the User Instructions will be updated or revised by the interorganizational Uniform Donor History– HPC Task Force as required for compliance with regulatory and accrediting agencies. Institutions will be notified of the changes and timeline for implementation in existing publications and on the public area of the web sites maintained by members of the Task Force. All updated documents will also be made available on the AABB web site. It is the responsibility of collecting facilities to make changes in their forms, procedures and processes to incorporate these revisions within the specified time.

**Additional Questions:** New questions that are recommended by the Task Force, or FDA to be added to the DHQ should be placed in the area designated for additional questions until such time as the DHQ is updated to a new version date by the Task Force.

Facilities may choose to incorporate additional questions that are required by local SOPs. If the added questions are related to the assessment of donors for risks of communicable disease or disease agents, SOPs should define how findings are considered in the final donor eligibility determination. These questions should be grouped at the end of the questionnaire in the area designated for additional questions. Many facilities have chosen to incorporate questions such as:

- Have you ever donated or attempted to donate using your current, or a different name?
- Have you, for any reason, been deferred or refused as a donor, or been told not to donate? **If yes, why?**

## GLOSSARY

The following terms are defined in the context of their use in the Donor History Questionnaire and Flowcharts.

Capture Question – A question that covers a broad topic. When an affirmative answer is given, additional follow-up questions to elicit additional information are asked by the donor historian. EXAMPLE: Have you ever been to Africa? If the donor answers yes, additional questions must be asked.

Contact with Blood – (1) a needlestick or other sharps injury from an instrument that has been used on any individual or patient; (2) exposure to non-intact skin (e.g., skin that is chapped, abraded, or afflicted with dermatitis); (3) a human bite that breaks the skin; (4) exposure to eye, nose, or mouth i.e., the mucous membranes without personal protective equipment such as face shield or mask and goggles.

Sexual Contact – The meaning of the words “sexual contact with” and “sex” are identical, and apply to any of the following activities, 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).

Close Contact with Smallpox Vaccination Site – Touching the vaccination site, including the bandages covering the vaccination site; touching/handling materials that might have come into contact with an unbandaged vaccination site, including clothing, towels, and bedding.

Lived With – Residing in the same dwelling. EXAMPLES: house, dormitory, apartment.

Eligible – Screening (21 CFR 1271.75) shows that the donor is free from risk factors for, and clinical and physical evidence of, infection due to relevant communicable disease agents and diseases, and is free from communicable disease risks associated with xenotransplantation; and test results for relevant communicable disease agents are negative or nonreactive (21 CFR 1271.80 and 1271.85).

Evaluation for risk factors in addition to those required by FDA may be required by local facility SOPs. To be deemed eligible the donor would also be eligible per local facility SOP criteria.

Ineligible – A donor is determined to be ineligible whenever the results of screening and testing show risk factors for, clinical and physical evidence of, or laboratory evidence of infection due to relevant communicable disease agents and diseases or communicable disease risks associated with xenotransplantation as described in 21 CFR 1271.75, 1271.80 and 1271.85.

Donors determined to be ineligible may be selected to donate an HCT/P if urgent medical need is documented. Requirements listed in 21 CFR 1271.65(b) or 21 CFR 1271.90 must be adhered to.

Urgent Medical Need – The donor of the HCT/P is ineligible or the donor eligibility has not been completed and the transplant physician would still like to use the unit because no comparable HCT/P is available and the recipient is likely to suffer death or serious morbidity without the HCT/P (21 CFR 1271.3(u)). The transplant physician must document this urgent medical need before transplantation.



**The interorganizational Uniform Donor History – HPC Task Force includes representatives from AABB, American Society for Transplantation and Cellular Therapy, American Society for Apheresis, Cord Blood Association, Foundation for the Accreditation of Cellular Therapy, International Society for Cellular Therapy, National Marrow Donor Program and an ethicist. FDA provides a liaison to the Task Force.**