

<b>Donor History Questionnaire-HPC, Apheresis and HPC, Marrow</b>	<b>Yes</b>	<b>No</b>
Are you		
1. Currently taking an antibiotic?		
2. Currently taking any other medication for an infection?		
Please read the Medication Deferral List.		
3. Are you now taking or have you ever taken any medications on the Medication List?		
4. Have you read the educational materials?		
In the past <b>8 weeks</b> have you		
5. Had any vaccinations or other shots?		
In the past <b>12 weeks</b> have you		
6. Had contact with someone who had a smallpox vaccination?		
In the past <b>12 months</b> have you		
7. Been told by a healthcare professional that you have West Nile Virus infection or any positive test for West Nile Virus?		
8. Had a blood transfusion?		
9. Come into contact with someone else's blood?		
10. Had an accidental needle-stick?		
11. Had a transplant or graft from someone other than yourself, such as organ, bone marrow, stem cell, cornea, sclera, bone, skin or other tissue?		
12. Had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus?		
13. Had sexual contact with a prostitute or anyone else who takes money or drugs or other payment for sex?		
14. Had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything <u>not</u> prescribed by their doctor?		
15. Female donors: Had sexual contact with a male who has ever had sexual contact with another male? (Males: check "I am male.")		
16. Had sexual contact with a person who has hepatitis?		
17. Lived with a person who has hepatitis?		
18. Had a tattoo?		
19. Had ear or body piercing?		
20. Had or been treated for syphilis or other sexually transmitted infections?		
21. Been in juvenile detention, lockup, jail, or prison for more than 72 hours?		
In the past <b>three years</b> have you		
22. Been outside the United States or Canada?		

I am male <input type="checkbox"/>
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In the past <b>5 years</b> , have you			
23. Received money, drugs, or other payment for sex?			
24. Male donors: Had sexual contact with another male, even once? (Females: check "I am female.")			I am female <input type="checkbox"/>
25. Used needles to take drugs, steroids, or anything <u>not</u> prescribed by your doctor?			
From <b>1980 through 1996</b> ,			
26. Did you spend time that adds up to three (3) months or more in the United Kingdom? (Review list of countries in the UK)			
27. Were you a member of the U.S. military, a civilian military employee, or a dependent of either a member of the U.S. military or civilian military employee?			
From <b>1980 to the present</b> , did you			
28. Spend time that adds up to five (5) years or more in Europe? (Review list of countries in Europe.)			
29. Receive a transfusion of blood or blood components in the United Kingdom or France? (Review list of countries in the UK.)			
Have you <b>EVER</b>			
30. Had a positive test for the HIV/AIDS virus?			
31. Had hepatitis or any positive test for hepatitis?			
32. Had malaria?			
33. Had Chagas disease and/or a positive test for <i>T. cruzi</i> ?			
34. Had babesiosis?			
35. Tested positive for HTLV, had adult T-cell leukemia, or had unexplained paraparesis (partial paralysis affecting the lower limbs)?			
36. Received a dura mater (or brain covering) graft?			
37. Had sexual contact with anyone who was born in or lived in Africa?			
38. Been in Africa?			
39. Been diagnosed with any neurological disease?			
40. Had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an animal?			
41. Has your sexual partner or a member of your household ever had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an animal?			
42. Have any of your relatives had Creutzfeldt-Jakob disease?			

Additional Questions	Yes	No
<b>May 2018 Final Guidance “Donor Screening Recommendations to Reduce the Risk of Transmission of Zika Virus by Human Cells, Tissues, and Cellular and Tissue-Based Products”</b>		
In the past <b>6 months</b> have you		
Zika Additional Question: 1. <b>For Living Donors</b> – Had a Zika virus infection?		
Zika Additional Question: 2. <b>For Living Donors</b> – Lived in or traveled to an area with an increased risk for Zika virus transmission? (Review the list of ZIKA virus areas of transmission)		
Zika Additional Question: 3. <b>For Living Donors</b> – Had sexual contact with a person, who in the <b>6 months prior to sexual contact</b> , has had a Zika virus infection or lived in or traveled to an area with an increased risk for Zika virus transmission?		
<b>May omit question number 4 if this type of donation is not applicable to your program.</b>		
Zika Additional Question: 4. <b>For Non-Heart-Beating (Cadaveric) Donors</b> – In the past <b>6 months</b> has the donor had a medical diagnosis of a Zika virus infection?		