Full-length Donor History Questionnaire – Source Plasma Industry

This document is one component of the full-length PPTA donor history questionnaire documents to be used by source plasma organizations. The full-length PPTA donor history questionnaire documents must be used collectively.

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	Yes	No
Are you		
1. Feeling healthy and well today?	❑	❑
2. Currently taking an antibiotic or other medication for an infection?	❑	❑
3. Currently taking any other medications?	❑	❑
Please read the medication list.		
4. Have you taken any medications on the medication list in the time frames indicated?	❑	❑
Please review the Risk Poster		
5. Did you review the Risk Poster?	❑	❑
6. Do you have any questions about anything mentioned on the Risk Poster?	❑	❑
In the past **six weeks,** have you		
7. Female Donors: been pregnant or are you pregnant now?	❑	❑
Alternative Question 7. Female Donors: In the past six months, have you been pregnant or are you pregnant now? (See placement below.)	❑	❑
In the past **two months,** have you		
8. Had any vaccinations or other shots?	❑	❑
9. Had contact with someone who was vaccinated for smallpox in the past 8 weeks?	❑	❑
10. Donated whole blood, platelets or plasma at another center?	❑	❑
In the past **three months,** have you		
11. Had a blood transfusion or received other blood products?	❑	❑
12. Come into contact with someone else's blood?	❑	❑
13. Had an accidental needle-stick involving exposure to blood?	❑	❑
14. Had sexual contact with anyone who has ever had HIV or has ever had a positive test for HIV virus?	❑	❑
15. Received money, drugs, or other payment for sex?	❑	❑
16. Had sexual contact with a prostitute or anyone else who has ever taken money, drugs, or other payment for sex?	❑	❑
17. Used needles to take drugs, steroids, or anything not prescribed by your doctor?	❑	❑
18. Had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything not prescribed by their doctor?	❑	❑
19. Male Donors: Had sexual contact with another male?	❑	❑
Alternative Question 19. Male donors: Have you ever had sexual contact with another male? (See placement below.)	❑	❑
20. Female Donors: Had sexual contact with a male who had sexual contact with another male in the past 3 months?	❑	❑
21. Gotten a tattoo or had one touched-up?	❑	❑
22. Had an ear or body piercing?	❑	❑

23. Had or been treated for syphilis or gonorrhea?	❑	❑
In the past **four months,** have you		
24. Donated a double unit of red blood cells using an apheresis machine?	❑	❑
Optional Question A. Had surgery or a diagnostic, medical or dental procedure?	❑	❑
Optional Question B. Had acupuncture?	❑	❑
In the past **six months**, have you Alternative Question 7. Female Donors: been pregnant or are you pregnant now?	❑	❑
In the past **12 months,** have you		
25. Received during surgery bone, tissue, or skin?	❑	❑
26. Had sexual contact with a person who has hepatitis?	❑	❑
27. Lived with a person who has hepatitis?	❑	❑
28. Been in juvenile detention, lockup, jail, or prison for 72 hours or more consecutively?	❑	❑
From **1980 through 1996,** did you		
29. Spend time that adds up to 3 months or more in England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands?	❑	❑
From **1980 through 2001**, did you		
30. Spend time that adds up to 5 years or more in France or Ireland? Time spent in Ireland does not include time spent in Northern Ireland which is part of the United Kingdom.	❑	❑
From **1980 to the present,** did you		
31. Receive a blood transfusion in France, Ireland, England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands?	❑	❑
Have you **EVER**		
32. Had a positive test for the HIV?	❑	❑
33. Had a transplant such as an organ or bone marrow?	❑	❑
34. Received a dura mater (or brain covering) graft?	❑	❑
35. Had any type of cancer, including leukemia?	❑	❑
36. Had any problem with your heart or lungs?	❑	❑
37. Had any problem with your liver or kidneys?	❑	❑
38. Had a bleeding condition or a blood disease?	❑	❑
39. Had a transplant or other medical procedure that involved being exposed to live cells, tissues or organs from an animal (xenotransplant)?	❑	❑
Alternative Question 19. Male donors: Have you ever had sexual contact with another male?		

Optional Question C. Have you ever had any type of nervous system disease?	❑	❑
Optional Question D. Have you ever had a history of recurrent episodes of fainting?	❑	❑
Optional Question E. Have you ever had a history of seizures or convulsions?	❑	❑
Optional Question F. Have you ever been diagnosed with diabetes?	❑	❑
Optional Question G. Have you ever been diagnosed with any other serious active, chronic, or relapsing disease?	❑	❑
Optional Question H. Have any of your blood relatives had Creutzfeld-Jakob disease?	❑	❑

Additional Questions:

Acknowledgment:

1. I have reviewed the educational materials regarding infections that can be transmitted by my donation, such as, Syphilis, HIV, Hepatitis B and C.
2. I agree not to donate if my donation could result in a potential risk to people who receive plasma products.
3. A sample of my blood will be tested for infections that can be transmitted by my donation, such as, Syphilis, HIV, Hepatitis B and C.
4. I understand you will attempt to notify me if for any reason I cannot donate and records will be maintained indicating the reason for the deferral and the deferral time period.
5. I have reviewed the information regarding the potential risks and hazards of donating Source Plasma.
6. I have been given the opportunity to ask questions and understand that I may withdraw from the donation procedure at any time.

Donor Signature: ____Date: _______