

BLOOD DONOR EDUCATIONAL MATERIALS

Please read all of the following donor educational materials before your donation.

History questions preceded by “NEW” indicate a new or revised question.

Your understanding of this information is critical to the success of your donation and the safety of the patient receiving your donation.

MAKING YOUR BLOOD DONATION SAFE

Thank you for coming in today! This information explains how YOU can help us make the donation process safe for yourself and patients who might receive your blood. **PLEASE READ THIS INFORMATION BEFORE YOU DONATE!** If you have any questions now or any time during the screening process, please ask Bloodworks staff.

ACCURACY AND HONESTY ARE ESSENTIAL

Your **complete honesty** in answering all questions is very important for the safety of patients, who receive your blood. We know that you would not donate unless you think your blood is safe. However, in order for us to assess all risks that may affect you or a patient receiving a transfusion, it is essential that you answer each question **completely and accurately**. If you don't understand a question, ask Bloodworks staff.

ALL INFORMATION YOU PROVIDE IS CONFIDENTIAL

Bloodworks collects and stores certain personal information (PI) when you donate blood. This information is necessary for identification purposes, quality control, and safeguarding the blood supply. PI is used for matching blood donors with recipients, testing and follow-up activities, and other donation-related activities that may be necessary for medical purposes or required by law. The voluntary procurement of blood for transfusion is not considered to be health care. PI collected and stored for the voluntary procurement of blood is not covered by the Health Insurance Portability and Accountability Act. Please review our Website Privacy Policy at Website Privacy—Bloodworks Northwest (www.bloodworksnw.org) for what we collect and how we use PI.

Bloodworks may contact you by phone, email, text message, or physical mail in the future at the addresses and numbers you provided regarding donation follow-up, appointments, eligibility for future donations, special programs, and events. Personal contact information will be kept confidential and used by Bloodworks staff, volunteers, or partner organizations working on behalf of Bloodworks.

If you wish to change or remove your contact preferences, please call 1-800-398-7888.

DO YOU HAVE A “COLD”?

A “cold” is defined as an upper respiratory infection.

The following symptoms indicate an infection which can spread through transfusion to someone else:

- *Fever or chills*
- *Muscle aches*
- *Malaise*
- *Sore throat*
- *Yellow or green discharge from nose or sinuses*
- *Productive cough*
- *Tender or swollen lymph nodes*

YOU SHOULD NOT DONATE IF YOU ARE CURRENTLY EXPERIENCING SYMPTOMS OF A “COLD”.

Your accurate and honest responses are critical to the safety of patients who receive blood transfusions.

- Each question is necessary to fully evaluate the safety of your donation.
- As required by regulations, we are instructing you not to donate blood if you have a risk factor.
- If you don't understand a question, ask the blood center staff for assistance.
- YOUR RESPONSES ARE CONFIDENTIAL.

To determine if you are eligible to donate, we will:

- Ask about your health and medications you are taking or have taken.
- Ask if you have traveled to or lived in other countries.
- Ask about your risk for infections that can be transmitted by blood—especially HIV (which is the virus that causes AIDS), and viral hepatitis.
- Take your blood pressure, temperature, and pulse.
- Take a blood sample to be sure your blood count is acceptable before you donate.

If you are eligible to donate, we will:

- Clean your arm with an antiseptic. (Tell us if you have any skin allergies.)
- Use a sterile needle and blood/apheresis collection set.

We NEVER reuse a needle or collection set.

WHAT HAPPENS AFTER YOUR DONATION

To protect patients, your blood is tested for hepatitis B and C, HIV, syphilis, and other infections. If your blood tests positive, it will not be given to a patient. You will be notified about any positive test result which may affect when you are eligible to donate in the future. There are times when your blood is not tested. If this occurs, you may not receive any notification. The blood center will not release your test results without your written permission unless required by law (e.g., to the Health Department).

DONOR ELIGIBILITY—SPECIFIC INFORMATION

Certain infectious diseases, such as HIV and hepatitis, can be spread through:

- Sexual contact
- Other activities that increase risk
- Blood transfusion

We will ask specific questions about sexual contact and other activities that may increase risk for these infections.

What do we mean by “sexual contact?”

The words “have sexual contact with” and “sex” are used in some of the questions we will ask you. These questions apply to all of the activities below, whether or not medications, condoms or other protection were used to prevent infection or pregnancy:

- Vaginal sex (contact between penis and vagina)
- Oral sex (mouth or tongue on someone's vagina, penis, or anus)
- Anal sex (contact between penis and anus)

A “new sexual partner” includes the following examples:

- Having sex with someone for the first time, or
- Having had sex with someone in a relationship that ended in the past and having sex again with that person in the last 3 months.

HIV/Hepatitis risk factors

HIV and hepatitis are spread mainly by sexual contact with an infected person OR by sharing needles or syringes used by an infected person to inject drugs.

DO NOT DONATE IF YOU:

- Have **EVER** taken any medication to treat HIV infection.
- Are taking any medication to prevent HIV infection. These medications may be called: PrEP, PEP, TRUVADA, DESCOVY, APRETUDE or many other names.

FDA-approved antiretroviral drugs are safe and effective in preventing sexual transmission of HIV. However, these antiretroviral drugs do not fully eliminate the virus from the body, and donated blood can potentially still transmit HIV infection to a transfusion recipient.

DO NOT STOP taking any prescribed medications in order to donate blood, including PrEP and PEP medications.

DO NOT DONATE IF YOU:

- Have **EVER** had a positive test for HIV infection.
- **In the past 3 months:**
 - Have had sexual contact with a new partner **and** have had anal sex.
 - Have had sexual contact with more than one partner **and** have had anal sex with any of those partners.
 - Have had sexual contact with anyone who has ever had a positive test for HIV infection.
 - Have received money, drugs, or other payment for sex.
 - Have used needles to inject drugs, steroids, or anything not prescribed by your doctor.
 - Have had sexual contact with anyone who has received money, drugs, or other payment for sex, **or** used needles to inject drugs, steroids, or anything not prescribed by their doctor.
 - Have had syphilis or gonorrhea or been treated for syphilis or gonorrhea.
- **In the past 12 months:**
 - Have been in juvenile detention, lockup, jail or prison for 72 hours or more consecutively.
- Have **EVER** had Ebola virus infection or disease.

DO NOT DONATE IF YOU:

Have these symptoms which can be present before you test positive for HIV:

- Fever
- Enlarged lymph glands
- Sore throat
- Rash

Your blood can transmit infections, including HIV, even if you feel well and all your tests are normal. Even the best tests cannot detect the virus for a period of time after you are infected.

DO NOT DONATE:

- If you think you may be at risk for HIV or other infections.
- If your purpose for donating is to obtain test results for HIV or other infections. Ask us where you can be tested for HIV and other infections.
- If your donation might harm the patient who receives your blood.

Thank you for donating blood today!

 **DURING YOUR DONATION STAFF WILL:**

- Use only sterile, disposable, single-use equipment for each step of the process.
- Select the most suitable vein(s).
- Explain the procedure and answer any questions you may have.
- Monitor you for any possible side effects.
- Ask that you stay awake through the entire procedure.

 **AFTER YOUR DONATION**

- Your blood donation will be tested for various infectious agents, including HIV and hepatitis. However, there are circumstances in which infectious disease tests cannot be performed.
- Your blood may be tested by nucleic acid techniques for cell markers important for providing safe transfusion.
- Your blood may also be tested for factors that may affect the health of individuals receiving your blood, or components made from your blood.

If we become aware of any results that are of importance to your health or that affect your eligibility to donate, we will notify you. To better interpret and understand the results of such studies or tests, it may be necessary to contact you for follow-up testing. However, local law requires that Bloodworks report to the local health department the names of all persons with positive tests for certain infectious agents. Donor records may be reviewed by regulatory agencies and manufacturers of donor tests, in which case, donor identification is concealed.

 **OTHER POTENTIAL USES OF YOUR DONATION**

A portion of your donation not used for transfusion may be used for quality control or investigational purposes by Bloodworks investigators and other members of the scientific and biomedical community. All information that could identify you will be removed before releasing samples or test information outside of Bloodworks. If DNA is analyzed, whole genome studies will not be performed.

Bloodworks may contact you for participation in research studies. If you are contacted about research, it is always your choice whether or not you want to participate. Additional information is provided in the brochure entitled, "How Does Your Donation Go Further."

Please do not donate to get tested for HIV, hepatitis, or any other infections!

DO NOT STOP taking medications prescribed by your doctor in order to donate blood. Donating while taking these drugs could have a negative effect on your health or on the health of the recipient of your blood.

PLEASE TELL US IF YOU:

ARE BEING TREATED WITH ANY OF THE FOLLOWING TYPES OF MEDICATIONS:	OR HAVE TAKEN:	WHICH IS ALSO CALLED:	ANYTIME IN THE LAST:	
Antiplatelet agents (usually taken to prevent stroke or heart attack)	Feldene	piroxicam	2 Days	
	Effient	prasugrel	3 Days	
	Brilinta	ticagrelor	7 Days	
	Plavix	clopidogrel	14 Days	
	Ticlid	ticlopidine	14 Days	
	Zontivity	vorapaxar	1 Month	
Anticoagulants or “blood thinners” (usually taken to prevent blood clots in the legs and lungs and to prevent strokes)	Arixtra	fondaparinux	2 Days	
	Eliquis	apixaban	2 Days	
	Fragmin	dalteparin	2 Days	
	Lovenox	enoxaparin	2 Days	
	Pradaxa	dabigatran	2 Days	
	Savaysa	edoxaban	2 Days	
	Xarelto	rivaroxaban	2 Days	
	Coumadin, Warfilone, Jantoven Heparin, low-molecular-weight heparin	warfarin	7 Days 7 Days	
Acne treatment	Accutane, Amnesteem, Absorica, Claravis, Myorisan, Sotret, Zenatane	isotretinoin	1 Month	
Multiple myeloma	Thalomid	thalidomide	1 Month	
	Revlimid	lenalidomide	1 Month	
Rheumatoid arthritis	Rinvoq	upadacitinib	1 Month	
Hair loss remedy	Propecia	finasteride	1 Month	
Prostate symptoms	Proscar	finasteride	1 Month	
	Avodart, Jalyn	dutasteride	6 Months	
Immunosuppressant	Cellcept	mycophenolate mofetil	6 Weeks	
Hepatitis exposure	Hepatitis B Immune Globulin	HBIG	3 Months	
HIV prevention (also known as PrEP or PEP)	Any medication taken by mouth (oral) to prevent HIV	Truvada	emtricitabine and tenofovir disoproxil fumarate	3 Months
		Descovy	emtricitabine and tenofovir alafenamide	3 Months
	Injectable HIV prevention	Apretude Yeztugo	cabotegravir lenacapavir	2 Years
Basal cell skin cancer	Erivedge	vismodegib	2 Years	
	Odomzo	sonidegib	2 Years	
Relapsing multiple sclerosis	Aubagio	teriflunomide	2 Years	
Rheumatoid arthritis	Arava	leflunomide	2 Years	
Psoriasis	Soriatane	acitretin	3 Years	
	Tegison	etretinate	Ever	
HIV treatment	Any medication to treat HIV. May also be called Antiretroviral Therapy (ART)		Ever	
Experimental medication			As defined by the medical director	



DO NOT STOP taking medications prescribed by your doctor.

Some medications affect your eligibility as a blood donor for the following reasons:

- **Antiplatelet agents affect platelet function**, so people taking these drugs should not donate platelets for the indicated time. You may still be able to donate whole blood or red blood cells by apheresis
- **Anticoagulants or "blood thinners"** are used to treat or prevent blood clots in the legs, lungs, or other parts of the body, and to prevent strokes. These medications affect the blood's ability to clot. You may still be able to donate whole blood or red blood cells by apheresis.
- **Isotretinoin, finasteride, dutasteride, acitretin, and etretinate** can cause birth defects. Your donated blood could contain high enough levels to damage the unborn baby if transfused to a pregnant woman.
- **Thalomid (thalidomide), Revlimid (lenalidomide), Erivedge (vismodegib), Odomzo (sonidegib), Aubagio (teriflunomide), and Rinvoq (upadacitinib)** may cause birth defects or the death of an unborn baby if transfused to a pregnant woman.
- **Cellcept (mycophenolate mofetil) and Arava (leflunomide)** are immunosuppressants that may cause birth defects or the death of an unborn baby if transfused to a pregnant woman.
- **PrEP or pre-exposure prophylaxis** involves taking a specific combination of oral medicines (i.e., short-acting antiviral PrEP) or injections (i.e., long-acting antiviral PrEP) as a prevention method for people who are HIV negative and at high risk of HIV infection. FDA has determined that the available data demonstrate that the use of PrEP or PEP may delay the detection of HIV by currently licensed screening tests for blood donations, potentially resulting in false negative results in infected individuals. **Although "Undetectable = Untransmittable" for sexual transmission, this does not apply to transfusion transmission.**
- **PEP or post-exposure prophylaxis** is a short-term treatment started as soon as possible after a high-risk exposure to HIV to reduce the risk of infection. FDA has determined that the available data demonstrate that the use of PrEP or PEP may delay the detection of HIV by currently licensed screening tests for blood donations, potentially resulting in false negative results in infected individuals. **Although "Undetectable = Untransmittable" for sexual transmission, this does not apply to transfusion transmission**
- **ART or antiretroviral therapy** is the use of a combination of HIV medicines (called an HIV regimen) to treat HIV infection. HIV infection requires a permanent deferral despite treatment with ART. Antiretroviral drugs do not fully eliminate the virus from the body, and donated blood from individuals infected with HIV taking ART can potentially still transmit HIV to a transfusion recipient. **Although "Undetectable = Untransmittable" for sexual transmission, this does not apply to transfusion transmission.**
- **Hepatitis B Immune Globulin (HBIG)** is an injected material used to prevent hepatitis B infection following a possible or known exposure to hepatitis B. HBIG does not prevent hepatitis B infection in every case; therefore, persons who have received HBIG must wait to donate blood.
- **Experimental medication** is usually associated with a research study, and the effect on the safety of transfused blood is unknown.

IRON DEPLETION (ALL DONORS)

Maintain healthy iron levels

- Iron. Your body and everybody need it! Iron is an essential mineral that helps move oxygen to all organs, muscles and tissues in your body. It helps turn food into energy. Your good health depends on iron, just as we depend on you as a blood donor.
- That is why every time you donate, we measure your red blood cell (RBC) level: how many red blood cells you have in circulation. Your RBC level normally remains at a set point unless (or until) your stored iron becomes depleted. We want to prevent you from ever experiencing depleted iron stores.
- In the days and weeks after you donate, your body naturally absorbs iron to replace what is lost. Once your iron stores are replaced, your body stops absorbing iron, to prevent having too much iron in the body.

Frequent donors may need help

- If you give blood as frequently as three times a year, including apheresis collections, recent studies have shown you are likely to need iron supplements.

For tips to increase your iron level, please ask staff for more information.

POTENTIAL SIDE EFFECTS OF BLOOD DONATION (ALL DONORS)

Complications after blood donation are uncommon, but about 3–10% of blood donors may experience some side effects. The most common side effect is bruising at the needle site. A less common side effect is fainting within a few minutes to a few hours after donation. A rare side effect is potential nerve and blood vessel injury from the needle stick. You will be provided after-care instructions for potential side effects after your collection.

APHERESIS DONORS ONLY (PLATELET, PLASMA, RED CELL, GRANULOCYTE)

It is important that you let the Apheresis Staff know if you develop ANY of the following side effects DURING donation so steps can be taken to alleviate your symptoms:

- | | | | |
|---|----------------------------|---|---------------------------------|
| – Anxiety | – Dizziness | – Irregular heartbeat | – Hives or an allergic reaction |
| – Tingling around the face and/or fingers | – Headache | – Muscle discomfort, twitching, or spasms | – Skin redness or itching |
| – Fever and/or chills | – Fainting | – Nausea and/or vomiting | |
| – Cold, clammy skin | – Bruising or swelling | – Unpleasant taste sensation | |
| – Light headedness | – Rapid, shallow breathing | | |
| | – Shortness of breath | | |

- Apheresis donations may be collected more frequently than whole blood, and each type of donation has a specific waiting period to the next type of donation.
- A malfunction of the instrument or operating conditions may cause the procedure to be discontinued early and can result in blood loss (less than one pint), hemolysis, air embolism, or clotting.
- Each donor's annual red cell and plasma loss limits are monitored, and donors may be deferred up to 16 weeks if those limits are met.

If you have any questions about blood donation, please ask staff for more information.

Information about Monkeypox

On August 4, 2022 the US declared the monkeypox outbreak a public health emergency, following the same designation from the World Health Organization (WHO).

There is no current evidence that monkeypox spreads through transfusion.

According to the US Centers for Disease Control and Prevention (CDC; [How It Spreads | Monkeypox | Poxvirus | CDC](#)):

Monkeypox spreads through close or intimate contact including:

- Direct contact with monkeypox rash, scabs, or body fluids from a person with monkeypox.
- Touching objects, fabrics (clothing, bedding, towels) and surfaces that have been used by someone with monkeypox.
- Contact with respiratory secretions.
- Intimate contact, including oral, anal or vaginal sex or touching the genitals of a person with monkeypox, hugging, massage, kissing, prolonged face-to-face contact, touching fabrics and objects during sex.
- Monkeypox may spread from a person with no symptoms, potentially from respiratory secretions, semen, vaginal fluid, urine or feces.

**** If you have experienced any of these kinds of exposures, please wait 4 weeks to donate blood.**

Monkeypox symptoms commonly include ([Monkeypox Virus - Interim Fact Sheet \(aabb.org\)](#)):

- A characteristic illness for 2 days before the onset of rash with fever, malaise, enlarged lymph nodes.
- Typical monkeypox rash begins as nearly flat, small reddish spots, then becomes generalized, spreading outward and progressing to firm, deep seated vesicles and pustules followed by scabbing and skin shedding over a period of 14-21 days.

**** If you have had monkeypox infection, please wait until all lesions are fully resolved and at least 4 weeks after symptoms started before donating blood.**



Information about Monkeypox

Monkeypox can be prevented by vaccination.

**** If you have had any of these vaccinations, there is no waiting (deferral) period to donate blood:** Jynneos or other vaccines that have received Emergency Use Authorization by the US FDA.

The monkeypox outbreak is evolving rapidly. Information and donor waiting periods (deferral) are subject to change according to updates from FDA, CDC and other advisory groups, even before all updates can be shared in this document.

Please contact us if you have any questions or concerns about monkeypox and blood donation.

**Questions, reporting of exposure, and illness notification:
Eligibility@bloodworksnw.org or (425)-656-3077 press 1**

Thank you!



UPDATE: COVID-19 and Blood Donation

DO NOT DONATE BLOOD TODAY IF:

- In the past 5 days, if you have had symptoms, been diagnosed with or suspected of having COVID-19; please refrain from donating blood.
- In the past 5 days, if you have had a positive diagnostic (e.g. nasopharyngeal swab) test for COVID-19, even if you never developed symptoms.

Please **do not donate for at least 5 days** after resolution of symptoms, or from the date of a positive diagnostic test result, whichever is longer.

Additionally, the normal donor screening process includes evaluation of your health today, including your temperature. All our donation criteria help us to assure a safe blood supply.

If you are healthy, and without the above conditions for at least 5 days, **we welcome you to donate.**

Bloodworks is taking steps in accordance with published FDA and CDC information. We will update our processes as more information becomes available. **The Washington State Department of Health has established a call center to address questions from the public. If you have questions about what is happening in Washington, how the virus spreads, and what to do if you have symptoms, please call 1-800-525-0127 and press #.**

Thank you for helping save lives in our community!

