CAPE COD HOSPITAL

NICHOLAS G. XIARHOS BLOOD DONOR CENTER
Hyannis, MA 02601 • FDA Registration Number 1274247

AFFIX BARCODE HERE

ORDERS
☐ Chagas ☐ Platelet
☐ Type Card ☐ HLA

DONOR CARD # _____

Please print your full legal name clearly in the spaces below

Last Name: _____ **First Name:** _____ **Middle Initial:** ____

Have you donated under a different name(s) with CCHC: YES NO
If yes, please list name(s) below

_____

DOB: _____ **Male** ☐ **Female** ☐ **Other** ☐

Telephone #: _____

Mailing Address: _____

Cell Phone #: _____

City: _____

E-mail: _____

State: _____ **Zip:** _____

Weight: _____ **(Min. 110 lbs.)**

RELEASE: I voluntarily donate my blood to Cape Cod Hospital to use as necessary. I have answered all the questions accurately and I understand that my answers are important in determining my eligibility to donate blood. I understand that my blood will be tested for laboratory evidence of certain infectious agents capable of being spread through blood transfusion, including, but not limited to, HIV, hepatitis, and other clinically important agents, and that I will be informed of an abnormal result (There may be some circumstances in which some or all of this testing cannot be performed). I understand that investigational testing may be performed on my blood. If this testing indicates that I should no longer donate blood, I understand that my name will be placed on a list of indefinitely deferred donors and in some instances donor information, including test results, may be reported to state or local health departments. This procedure has been explained to me by Blood Donor Service staff. I understand that I have the opportunity to request further explanation from a physician.

Signed: _____ Date: _____

Witness / Identification verified by staff: _____

DO NOT WRITE BELOW THIS LINE. GO TO NEXT PAGE.

Hemoglobin: _____ g/dl Device: # _____

Female: 12.5 ≤ 18.0 g/dl
Male / Other: 13.0 ≤ 18.0 g/dl

Blood Pressure: _____/_____mmHg

Systolic: 90-180 mmHg Diastolic: 50-100 mm/Hg

Pulse: _____Beats/Min. ☐ Regular ☐ Irregular

50-100 Beats/Min

Temperature: _____ (≤ 99.5°F)

Inspection of both arms:
Acceptable ☐ Unacceptable ☐

Performed by: _____

Phlebotomy - ☐ Satisfactory ☐ Unsatisfactory

Donor Reaction - ☐ None ☐ Mild ☐ DAER Completed ☐ Moderate ☐ Severe

1ST DRAW

Phleb start:_____DC'd_____ Date: _____ Arm: L or R

Start Time:_____ End Time:_____ Volume:_____

Scale: _____ Lot #:_____ Exp: _____

Phlebotomy - ☐ Satisfactory ☐ Unsatisfactory

Donor Reaction - ☐ None ☐ Mild ☐ DAER Completed ☐ Moderate ☐ Severe

2ND DRAW

Phleb start:_____DC'd_____Date: _____ Arm: L or R

Start Time:_____End Time:_____ Volume:_____

Scale: _____ Lot #:_____ Exp:_____

Peer Review _____ Final Record Review _____

Donation Site: _____**Blood Type**_____

AFFIX BARCODE HERE

DONOR TO COMPLETE

Donor Card # _____

Are you	**Yes**	**No**
1. Feeling healthy and well today?	❑	❑
2. Currently taking an antibiotic?	❑	❑
3. Currently taking any other medication for an infection?	❑	❑
4. Pregnant now?	❑	❑
Have you		
5. Taken any medications on the Medication Deferral List in the time frames indicated? (Review the Medication Deferral List.)	❑	❑
6. Read the blood donor educational materials today?	❑	❑
In the past **48 hours,** have you		
7. Taken aspirin or anything that has aspirin in it?	❑	❑
In the past **8 weeks,** have you		
8. Donated blood, platelets, or plasma?	❑	❑
9. Had any vaccinations or other shots?	❑	❑
10. Had contact with someone who was vaccinated for smallpox in the past 8 weeks?	❑	❑
In the past **3 months**, have you		
11. Taken any medication by mouth (oral) to prevent HIV infection? (i.e., PrEP or PEP)	❑	❑
12. Had sexual contact with a new partner? (refer to the examples of "new partner" in the Blood Donor Educational Material)	❑	❑
13. Had sexual contact with more than one partner?	❑	❑
14. Had sexual contact with anyone who has ever had a positive test for HIV infection?	❑	❑
15. Received money, drugs, or other payment for sex?	❑	❑
16. Had sexual contact with anyone who has, in the past 3 months, received money, drugs, or other payment for sex?	❑	❑
17. Used needles to inject drugs, steroids, or anything not prescribed by your doctor?	❑	❑
18. Had sexual contact with anyone who has used needles in the past 3 months to inject drugs, steroids, or anything not prescribed by their doctor?	❑	❑
19. Had syphilis or gonorrhea or been treated for syphilis or gonorrhea?	❑	❑
20. Had sexual contact with a person who has hepatitis?	❑	❑
21. Lived with a person who has hepatitis?	❑	❑
22. Had an accidental needle-stick?	❑	❑
23. Come into contact with someone else's blood?	❑	❑
24. Had a tattoo?	❑	❑
25. Had ear or body piercing?	❑	❑
26. Had a blood transfusion?	❑	❑
27. Had a transplant such as organ, tissue, or bone marrow?	❑	❑
28. Had a graft such as bone or skin?	❑	❑

DONOR TO COMPLETE

In the past **16 weeks,** have you	**Yes**	**No**
29. Donated a double unit of red blood cells using an apheresis machine?	❑	❑
In the past **12 months,** have you		
30. Been in juvenile detention, lockup, jail, or prison for 72 hours or more consecutively?	❑	❑
In the past **2 years**, have you		
31. Received any medication by injection to prevent HIV infection? (i.e. long-acting antiviral PrEP or PEP)	❑	❑
In the past **3 years,** have you		
32. Been outside the United States or Canada?	❑	❑
Have you **EVER**		
33. Had a positive test for HIV infection?	❑	❑
34. Taken any medication to treat HIV infection?	❑	❑
35. Been pregnant?	❑	❑
36. Had malaria?	❑	❑
37. Received a dura mater (or brain covering) graft or xenotransplantation product?	❑	❑
38. Had any type of cancer, including leukemia?	❑	❑
39. Had any problems with your heart or lungs?	❑	❑
40. Had a bleeding condition or blood disease?	❑	❑
41. Had a positive test result for *Babesia*?	❑	❑
Have you	**Yes**	**No**
42. Had a tick bite in the last 4 weeks?	❑	❑

SPACES BELOW ARE FOR STAFF ONLY