UCI Health			Affix Donor Label Here			Donor Initials		
Blood Donor Center			ATTIX DO	onor Lad	el Here		Permanent EDD#	
Donor Screening Record				DIN			2 nd VP DIN	
Today's Date: MM / DD / 20 YY								
LEGAL LAST N			•	LEGAL FIRST Na	me Middl	e Name/Initial	Suffix	Nickname
Current Address (Number and Street) Apt /Unit #			attempted to donate under?					
City		State	Zip Code	Gender: Male	Female	Nonbinary	Allergic to:	
Phone # ()			Date of Birth		Age	Email Addro	ess
STAFF USE ONLY BELOW HERE								
A. Collectio	n Type	/В Ар	heresis	Sample		 Don	or Conse	ent
Intend	ed Use	.llo (L) 🗌 Dir	ected (D)	뒥	• Lhave reviewed an	d understand the		erstand there are risks associated
			ected (D)	Designated (S)	• Thave reviewed an	a anacistana tric		
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ID Type: 🗖 CD		A EID	Q. Other Name(s) ✓ by B. Photo ID ✓ by C. Eligibility		 Donor Informatic Educational Mater I have had all my qu satisfaction I will not donate if is not suitable for t 	on and Blood I ials Jestions answered I believe that my ransfusion	Donor with a not lin to my of rea faintin blood tende • I cer	mited to: bruising, nerve injury, loss d blood cells, weakness, nausea, ng, chills, muscle twitching, and rness at needle site. tify that I have answered all
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UC Irvine Blood Donor Center, University of California	, 101 The City Drive, Orange, CA 92868
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Failure Code

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Initials

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Deferral(s)

Initials

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EDD Record Review By

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Special Inst

Initials

Yes

TR

NA

initials

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NA

Dnr Profile/Visit

Alert

Code(s):

initials

Q

CMV

Physical Exam

Initials

AB

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By:

DSR Final Rev

IODINE

initials

PLEASE ANSWER ALL QUESTIONS	MARK ANSV	VER
Are You:	WITHIN THE	вох
1. Feeling healthy and well today?	Yes	ΠNo
2. Currently taking an antibiotic?	 ∏Yes	
3. Currently taking any other medication for an	infection? Yes	
4. Pregnant now?		
Have you:		
5. Taken any medications on the Medication De	ferral	
list in the time frames indicated?		ΠNo
(Review the Medication Deferral List)		
6. Read the blood donor educational materials t	today? Yes	ΠNo
In the past 48 hours have you:		
7. In the past 48 hours, have you taken aspirin of	or	
anything with aspirin in it?	Yes	ΠNο
In the past 8 weeks have you:		
8. Donated blood, platelets or plasma?	Yes	□ No
9. Had any vaccinations or other shots?	 ☐Yes	
10. Had contact with someone who was vaccina	ated	
for smallpox in the past 8 weeks?	Yes	No
In the past 3 months have you:		
11. Taken any medications by mouth (oral) to p	revent	
HIV infection? (ie PrEP or PEP)	Yes	□No
12. Had sexual contact with a new partner? (Ref	fer to examples of	
"new partner" in the Blood Donor Educational Ma	terial) Yes	No
13. Had sexual contact with more than one part	iner? Yes	No
14. Had sexual contact with anyone who has even	er had	
a positive test for HIV infection?	Yes	 No
15. Received money, drugs, or other payment for		No
16. Had sexual contact with anyone who has, in	· _	
received money, drugs, or other payment for se		<u> </u>
17. Used needles to inject drugs, steroids, or an	_	—
not prescribed by your doctor?	Yes	U No
18. Had sexual contact with anyone who has even		
needles in the past 3 months to inject drugs, Ste	_	
or anything <u>not</u> prescribed by their doctor?		<u> </u>
19. Had syphilis or gonorrhea or been treated sy or gonorrhea?		
20. Had sexual contact with a person who has h		
20. Had sexual contact with a person who has h		ΠNο
21. Lived with a person who has hepatitis?	Tes Tes	
22. Had an accidental needle-stick?	Yes	
23. Come into contact with someone else's bloc		
24. Had a tattoo?	Yes	
25. Had ear or body piercing?	TYes	ΠNo
26. Had a blood transfusion?	Yes	
27. Had a transplant such as organ, tissue, or bo		
marrow?	Yes	□No
28. Had a graft such as bone or skin?	Yes	No

IN THE PAST 16 WEEKS:		
29. Have you donated a double unit of red cells using		
an apheresis machine?	Yes	No
In the Past 12 Months, have you:		
30. Been in juvenile detention, lockup, jail, or prison		
for 72 hours or more consecutively?	Yes 🗌	No
In the past 2 years, have you:		
31. Received any medication by injection to prevent	_	_
HIV infection? (ie long acting antiviral PrEP or PEP)?	Yes	No
In the past 3 years, have you:		
32. Been outside the United States or Canada?	Yes	No
Have you ever:		
33. Had a positive test for HIV infection?	Yes	No
34. Taken any medication to treat HIV infection?	Yes	No
35. Been pregnant?	Yes 🗌	No
36. Had malaria?	Yes 🗌	No
37. Received a dura mater (or brain covering) graft or	_	_
xenotransplantation product?	Yes	No
38. Had any type of cancer, including leukemia?	Yes 🗌	No
39. Had any problems with your heart or lungs?	Yes 🗌	No
40. Had a bleeding condition or a blood disease?	Yes	No
41. Had a positive test result for Babesia?	Yes	No
Additional Questions:		
42. Within the last year have you been under a doctor's		
care, had a major illness or had surgery?	Yes 🗌	🗌 No
43. Have you EVER been deferred or refused as a blood		
donor or told not to donate blood for any reason?	🗌 Yes	🗌 No

Comments (Staff Use Only)

UC Irvine Blood Donor Center,	University of California, 1	101 The City Drive,	Orange, CA 92868
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