

Donor ID: 07041776
 Donor Name: Thomas Donor
 Questionnaire: New UDHQ

Gender: Male

Session Date: 5/27/2005 4:05:38 PM
 Reviewer Login: admin

Y	1	<input checked="" type="checkbox"/>	Are you feeling healthy and well today?
Y	2	<input checked="" type="checkbox"/>	Are you currently taking an antibiotic?
Y	3	<input checked="" type="checkbox"/>	Are you currently taking any other medication for an infection?
Y	4	<input checked="" type="checkbox"/>	Are you now taking or have you ever taken any medications on the Medication Deferral List?
<input checked="" type="checkbox"/>	5	N	Have you read the educational materials and had your questions answered?
Y	6	<input checked="" type="checkbox"/>	In the past 48 hours have you taken aspirin or anything that has aspirin in it?
Y	8	N	Female donors: In the past 6 weeks have you been pregnant or are you pregnant now? <input checked="" type="checkbox"/> I am male
Y	9	<input checked="" type="checkbox"/>	In the past 8 weeks have you donated blood, platelets or plasma?
Y	10	<input checked="" type="checkbox"/>	In the past 8 weeks have you had any vaccinations or other shots?
Y	11	<input checked="" type="checkbox"/>	In the past 8 weeks have you had contact with someone who had a smallpox vaccination?
Y	12	<input checked="" type="checkbox"/>	In the past 16 weeks have you donated a double unit of red cells using an apheresis machine?
Y	13	<input checked="" type="checkbox"/>	In the past 12 months have you had a blood transfusion?
Y	14	<input checked="" type="checkbox"/>	In the past 12 months have you had a transplant such as organ, tissue, or bone marrow?
Y	15	<input checked="" type="checkbox"/>	In the past 12 months have you had a graft such as bone or skin?
Y	16	<input checked="" type="checkbox"/>	In the past 12 months have you come into contact with someone else's blood?
Y	17	<input checked="" type="checkbox"/>	In the past 12 months have you had an accidental needle-stick?
Y	18	<input checked="" type="checkbox"/>	In the past 12 months have you had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus?
Y	19	<input checked="" type="checkbox"/>	In the past 12 months have you had sexual contact with a prostitute or anyone else who takes money or drugs or other payment for sex?
Y	20	<input checked="" type="checkbox"/>	In the past 12 months have you had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything not prescribed by their doctor?
Y	21	<input checked="" type="checkbox"/>	In the past 12 months have you had sexual contact with anyone who has hemophilia or has used clotting factor concentrates?
Y	22	N	Female donors: In the past 12 months have you had sexual contact with a male who has ever had sexual contact with another male? <input checked="" type="checkbox"/> I am male
Y	23	<input checked="" type="checkbox"/>	In the past 12 months have you had sexual contact with a person who has hepatitis?
Y	24	<input checked="" type="checkbox"/>	In the past 12 months have you lived with a person who has hepatitis?
Y	25	<input checked="" type="checkbox"/>	In the past 12 months have you had a tattoo?
<input checked="" type="checkbox"/>	26	N	In the past 12 months have you had ear or body piercing?

Y	27	<input checked="" type="checkbox"/>	In the past 12 months have you had or been treated for syphilis or gonorrhea?
Y	28	<input checked="" type="checkbox"/>	In the past 12 months have you been in juvenile detention, lockup, jail, or prison for more than 72 hours?
Y	29	<input checked="" type="checkbox"/>	In the past three years have you been outside the United States or Canada?
Y	30	<input checked="" type="checkbox"/>	From 1980 through 1996, did you spend time that adds up to three (3) months or more in the United Kingdom? (Review list of countries in the UK)
Y	31	<input checked="" type="checkbox"/>	From 1980 through 1996, were you a member of the U.S. military, a civilian military employee, or a dependent of a member of the U.S. military?
Y	32	<input checked="" type="checkbox"/>	From 1980 to the present, did you spend time that adds up to five (5) years or more in Europe? (Review list of countries in Europe.)
Y	33	<input checked="" type="checkbox"/>	From 1980 to the present, did you receive a blood transfusion in the United Kingdom ? (Review list of countries in the UK.)
Y	34	<input checked="" type="checkbox"/>	From 1977 to the present, have you received money, drugs, or other payment for sex?
Y	35	<input checked="" type="checkbox"/>	Male donors: From 1977 to the present, have you had sexual contact with another male, even once?
Y	36	<input checked="" type="checkbox"/>	Have you EVER had a positive test for the HIV/AIDS virus?
Y	37	<input checked="" type="checkbox"/>	Have you EVER used needles to take drugs, steroids, or anything not prescribed by your doctor?
Y	38	<input checked="" type="checkbox"/>	Have you EVER used clotting factor concentrates?
Y	39	<input checked="" type="checkbox"/>	Have you EVER had hepatitis?
Y	40	<input checked="" type="checkbox"/>	Have you EVER had malaria?
Y	41	<input checked="" type="checkbox"/>	Have you EVER had Chagas' disease?
Y	42	<input checked="" type="checkbox"/>	Have you EVER had babesiosis?
Y	43	<input checked="" type="checkbox"/>	Have you EVER received a dura mater (or brain covering) graft?
Y	44	<input checked="" type="checkbox"/>	Have you EVER had any type of cancer, including leukemia?
Y	45	<input checked="" type="checkbox"/>	Have you EVER had any problems with your heart or lungs?
Y	46	<input checked="" type="checkbox"/>	Have you EVER had a bleeding condition or a blood disease?
Y	47	<input checked="" type="checkbox"/>	Have you EVER had sexual contact with anyone who was born in or lived in Africa?
Y	48	<input checked="" type="checkbox"/>	Have you EVER been in Africa?
Y	49	<input checked="" type="checkbox"/>	Have any of your relatives had Creutzfeldt-Jakob disease?

Accepted Deferred

Signed _____

Comments: Q1. Has sprained ankle. Q9. Misunderstood question. Q26. Nose ring last week. - DEFER 12 Months
Overall Donation Comments: