UCI Health
Blood Donor Center

Affix Donor Label Here

Donor Initials
Permanent EDD#

Donor Screening Record

DIN	2nd VP DIN

Today's Date: MM / DD / 20YY

LEGAL LAST Name	LEGAL FIRST Name	Middle Name/Initial	Suffix	Nickname

Current Address (Number and Street) Apt /Unit #	What other name(s) have you EVER donated or attempted to donate under? ☐ Not Applicable	EVER ***donated*** or ***tried*** to donate **ANYWHERE**? ☐ **Yes.** When?_____ ☐ **No.** First time donor

City	State	Zip Code	Gender: ☐ Male ☐ Female ☐ Nonbinary	Allergic to: ☐ Latex ☐ Iodine ☐ Neither

Phone # ( )	Date of Birth MM / DD / YYYY	Age	Email Address

STAFF USE ONLY BELOW HERE

A. **Collection Type**	☐ WB ☐ Apheresis ☐ Sample		
Intended Use	☐ Allo (L) ☐ Directed (D) ☐ Designated (S)		
ID Type: ☐ CDL/CID ☐ UCI/UCLA EID ☐ EID ☐ SID ☐ OOSDL_____ ☐ Pass ☐ Other _____	Q. Other Name(s) ✓by	☐ NA	
	B. Photo ID ✓ by		
ID #: ☐ No ID # Available	C. Eligibility ✓ by		
VP #1	**DSR Reviewed?** ☐ Yes	☐ See ACHR for APH Procedure	
O. VP#1 By	Arm Prep ☐ L ☐ R ☐ ChloraP ☐ Other		
Start 1st VP	L. Bag Type ☐ PAS3DIL ☐ _____		
Stop 1st VP	K. Bag Lot#		
# Minutes	M. Scale ID#		
Volume mL	P. Failure Code	☐ NA	
VP #2	**DSR Reviewed?** ☐ Yes	2nd VP Consent? ☐ YES	
O. VP#2 By	Arm Prep ☐ L ☐ R ☐ ChloraP ☐ Other		
Start 2nd VP	L. Bag Type ☐ PAS3DIL ☐ _____		
Stop 2nd VP	K. Bag Lot #		
# Minutes	M. Scale ID #		
Volume mL	P. Failure Code	☐ NA	
J. **Reaction:** ☐ Mild ☐ Moderate* ☐ Severe* *Refer to Donor Reaction Report Form			

Donor Consent

- I have reviewed and understand the Blood Donor Information and Blood Donor Educational Materials
- I have had all my questions answered to my satisfaction
- I will not donate if I believe that my blood is not suitable for transfusion
- I understand that I can withdraw from the blood donation process at anytime
- I understand a sample of my blood may be used for research
- I understand there are risks associated with donating blood which include but not limited to: bruising, nerve injury, loss of red blood cells, weakness, nausea, fainting, chills, muscle twitching, and tenderness at needle site.
- I certify that I have answered all questions truthfully and to the best of my knowledge
- I consent to the blood donation process

Donor Signature	Date: MM / DD / 20YY
Health Historian Signature	

I. Wt	F. Temp Therm ID #:	G. Pulse	H. BP	N. Arms ☐ S ☐ U	E. HgB . HCue ID #

OK to donate? ☐ **Yes** ☐ **Deferred**

D. Deferral Code(s) — **NED**

☐ HGB ☐ TRALI

I have been notified of the reason(s) and length of deferral, type of future donations, availability of medical counseling, and that my name will be placed in UC's internal deferral database. **Donor Initials**

Staff Comments Below | ChloraP Lot#: **Exp:**

Dnr Profile/Visit	Physical Exam	Draw Detail	Failure Code	Deferral(s)	Special Inst			
initials	☐ NA Initials	☐ NA Initials	☐ NA Initials	☐ NA Initials	☐ NA Initials	☐ TR	☐ LATEX	☐ IODINE

Alert Code(s): ☐ Q ☐ X ☐ AB ☐ S ☐ CP ☐ CMV ☐ TR ☐ HLA ☐ D

Ent on BCL by: ☐ NA Initials

EDD Record Review OK?	☐ Yes	☐ No	☐ NA	**DSR Final Rev By:** initials
EDD Record Review By	initials			

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