



Blood Donor Educational Material (DHQ/aDHQ v4.0)

YOU MUST READ THIS BEFORE YOU DONATE!

- 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 the 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 travelled 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 tubing set to collect your blood
- We NEVER reuse a needle or tubing 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. We Are Blood 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
 - 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 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 or other infections.
- If your donation might harm the patient who receives your blood.

THANK YOU FOR DONATING BLOOD TODAY!

We Are Blood
512-206-1266

Medication Deferral List (DHQ/aDHQ v4.0)

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:
Anti-platelet 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	
	Zontivity		vorapaxar	1 Month
Anticoagulants or “blood thinners” (usually to prevent blood clots in the legs and lungs and to prevent strokes)	Arixtra		fondaparinux	2 Days
	Eliquis		apixaban	
	Fragmin		dalteparin	
	Lovenox		enoxaparin	
	Pradaxa		dabigatran	
	Savaysa		edoxaban	
	Xarelto		rivaroxaban	
	Coumadin, Warfilone, Jantoven		warfarin	7 Days
	Heparin, low molecular weight heparin			
Acne treatment	Accutane Myorisan Amnesteem Sotret Absorica Zenatane Claravis		isotretinoin	1 Month
Multiple myeloma	Thalomid Revlimid		thalidomide lenalidomide	
Rheumatoid arthritis	Rinvoq		upadacitinib	
Hair loss remedy	Propecia		finasteride	
Prostate symptoms	Proscar		finasteride	
	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 and PEP)	Any medication taken by mouth (oral) to prevent HIV	Truvada	Emtricitabine and tenofovir disoproxil fumarate	
		Descovy	Emtricitabine and tenofovir alafenamide	
	Injectable HIV prevention	Apertude Yeztugo	Cabotegravir lenacapavir	2 Years
Basal cell skin cancer	Erivedge Odomzo		vismodegib sonidegib	2 Years
Relapsing multiple sclerosis	Aubagio		teriflunomide	
Rheumatoid arthritis	Arava		leflunomide	
Psoriasis	Soriatane		acitretin	3 Years
	Tegison		etretinate	Ever
HIV Treatment	HIV treatment also known as antiretroviral therapy (ART)			
Experimental Medication				1 Year

Reference: C.01.057 Donor Arrival

DO NOT STOP taking medications prescribed by your doctor in order to donate blood.

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, which might cause excessive bruising or bleeding when you donate. 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-acting 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 daily 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.



WE ARE BLOOD
DRAWN TOGETHER SINCE 1951

POST-DONATION INFORMATION

THANK YOU FOR DONATING TODAY!

After giving blood:

- Rest in the refreshment area for approximately 10 minutes.
- Drink plenty of decaffeinated, non-alcoholic fluids.
- Eat a full meal at your next mealtime.
- Leave the bandage in place for 4 hours; if the needle site starts to bleed, immediately apply firm pressure for 5-10 minutes.
- Avoid heavy lifting and strenuous exercise; weight-lifters should wait 2-3 days before resuming a regular work-out.

If you feel faint:

- Lie down or sit with your head between your knees.
- Avoid activities that may be hazardous if you feel dizzy.

If you develop a bruise:

- Apply a cold pack or ice to the area 2-3 times the first day.
- If your arm is still sore the next day, apply heat for 10 minutes 2-3 times during the day.
- The bruise will change colors over the next week to 10 days.

If you continue to experience discomfort or:

- Develop a bruise larger than 2-3 inches in diameter,
- Have swelling, pain, numbness, or redness in the arm where the needle was, please call We Are Blood at (512) 206-1266.

If you become ill in the next 2 weeks (particularly flu-like symptoms that include fever) after giving blood, call (512) 206-1136.

If you are diagnosed with a serious illness (such as hepatitis, cancer, OR Zika, dengue or chikungunya virus infection), please call (512) 206-1136.

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WE ARE BLOOD

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YOU DECIDE

IS YOUR BLOOD SAFE TO TRANSFUSE TO ANOTHER PERSON?

- If you feel pressured by friends, relatives, or co-workers to donate and you don't want them to know that you are **not eligible** to be a blood donor, or
- If you know that you are **at risk** for an infection or disease but do not want **anyone** to know, or
- If you do not want your blood to be used **for any reason** and do not want anyone to know, or
- If you feel that your response to a question might **not** have been **completely truthful**, please call We Are Blood at (512) 206-1136.

All information received by We Are Blood will be kept confidential. Unless unforeseen technical difficulties prevent testing, blood will be tested and you will be notified about test results that may disqualify you from donating in the future.

Accessing Your Donor Profile!

Donor Profiles include: Online rewards store, donation history, wellness info (blood type, cholesterol, pulse, temperature & blood pressure), and appointment schedules.

Step 1

- Visit our website at www.weareblood.org
- Under the "Login" tab choose "Donor Login"

Step 2

- Create an account or log into an existing account
- If you are creating an account, please read the First Time Login instructions

Step 3

- Enter your Unit Number or Donor ID to link your account to your donor information!
- All donation information will be available approximately 48 hours after your donation

-Unit Number (The unit number is the series of numbers listed on the barcode):

-For additional help with the login process, please email wrbinfo@weareblood.org or call 512-206-1117

EFFECTIVE OCTOBER 1, 2016
THE BLOOD CENTER WILL BEGIN HLA CLASS I AND II ANTIBODY TESTING!

Why does The Blood Center need to know about my pregnancy history?

Pregnancy can increase a donor's chance for developing Human Leukocyte Antigen (HLA) antibodies. HLA antibodies are proteins found in blood that are made by the immune system. HLA antibodies are protective, healthy substances and do NOT adversely affect a donor's health. However, if present in donated blood products, HLA antibodies have the potential to cause a serious reaction known as Transfusion-Related Acute Lung Injury (TRALI) in patients through transfusion.

TRALI is an uncommon complication following transfusion that causes fluid accumulation in a patient's lungs and breathing difficulties that can range from mild to life-threatening. While the incidence of TRALI is infrequent, it is the leading cause of transfusion-related deaths in the US. These HLA antibodies are believed to be a cause of TRALI in recipients of products with large volume plasma from a single donor.

Why does the Blood Center have to perform this HLA testing?

The Blood Center is required to perform this test to meet regulatory requirements detailed in 30th Edition of AABB Standards for Blood Banks and Transfusion Services (BBTS) and reduce the risk of Transfusion Related Acute Lung Injury (TRALI) in patients receiving apheresis platelet transfusions.

This test will be required to release apheresis platelet or plasma products if the donor has a history of pregnancy or if the donor has been pregnant since the last donation.

Does this testing affect platelet inventory for the community?

Yes! Donors with positive HLA antibody testing will not be eligible to donate platelet products. There is the potential to lose up to 30% of our female platelet donors who have been pregnant once we implement HLA testing.

How does the Blood Center plan to provide platelets to the community with this potential loss to inventory?

The Blood Center will continue to:

- Identify **female** whole blood donors that have NEVER been pregnant and are ideally suited for conversion to platelet procedures based on blood type and/or platelet count.
- Identify **female** whole blood donors with a HISTORY OF PREGNANCY that are ideally suited for HLA testing based on blood type and /or platelet count with the ultimate goal of converting HLA negative female whole blood donors to platelet procedures.
- Produce whole blood derived platelet products from all donors.

What can I do to help platelet inventory?

If you are a female who has never been pregnant, please consider platelet donations to help stabilize Central Texas' platelet inventory and ensure all of our community needs are met.

As always, your complete honesty in answering all questions is essential for the safety of patients receiving your gift of donation. The Blood Center is committed to providing the highest quality product and service to our area patients and donors. We welcome any questions about TRALI, eligibility or blood donation, as safety and education are among our top priorities!

Blood Donation & Iron Deficiency: What Should I Know?

Donating blood may reduce iron stores within your body. While the impact of iron deficiency varies among donors, we believe it is important for all donors to understand the potential risks of iron deficiency as a result of routine blood donations.

How does We Are Blood test my iron?

We Are Blood performs a finger stick during your vital sign screening/mini-physical to obtain a hemoglobin reading in under a minute! (Hemoglobin is the measurement of the oxygen carrying capacity of the red blood cells in your blood. It is important that your body maintains an adequate hemoglobin level in order to carry oxygen throughout your body.) Your hemoglobin value is entered into our computer system and evaluated by our staff against our federally regulated target values to see if you are eligible to move forward with the donation process.

It is important to understand that some donors experience iron deficiency even when their hemoglobin value is within our target values. Young donors between the ages of 17-20, premenopausal females, donors who give whole blood more than two times per year and donors who have a borderline acceptable hemoglobin are the groups most at risk for iron deficiency following blood donation.

My hemoglobin was borderline today. What should I do to avoid the risk of iron deficiency following my donation?

Recent studies have shown that incorporating certain lifestyle changes can decrease the risk of iron deficiency following donation, some examples are:

- Maintain a healthy lifestyle with nutritionally balanced meals and drinking plenty of fluids
- Add a source of Vitamin C (orange juice, tomatoes, strawberries) to your diet when eating iron-rich foods. This additional Vitamin C will increase your body's absorption of the dietary iron.
- Avoid drinking caffeinated beverages during/immediately following iron rich meals as caffeine can decrease your ability to absorb iron.
- Consult your physician/pharmacist to see if taking an over-the-counter iron supplement and/or a daily multi-vitamin containing iron is recommended. (Note: Do NOT begin taking additional iron supplementation/multi-vitamins prior to consulting your healthcare provider and ensure iron tablets/multi-vitamins are always kept out of the reach of children.)
- Cook in cast iron.

- Consider extending the interval of time between your donations to allow your body additional time to replace the iron that is naturally lost during the donation process.
- Incorporate some of these iron-rich foods into your balanced diet
(<https://ods.od.nih.gov/factsheets/Iron-HealthProfessional/#h2>):

Table 2: Selected Food Sources of Iron [17]		
Food	Milligrams per serving	Percent DV*
Breakfast cereals, fortified with 100% of the DV for iron, 1 serving	18	100
Oysters, eastern, cooked with moist heat, 3 ounces	8	44
White beans, canned, 1 cup	8	44
Chocolate, dark, 45%–69% cacao solids, 3 ounces	7	39
Beef liver, pan fried, 3 ounces	5	28
Lentils, boiled and drained, ½ cup	3	17
Spinach, boiled and drained, ½ cup	3	17
Tofu, firm, ½ cup	3	17

* DV = Daily Value. DVs were developed by the U.S. Food and Drug Administration (FDA) to help consumers compare the nutrient contents of products within the context of a total diet. The DV for iron is 18 mg for adults and children age 4 and older. Foods providing 20% or more of the DV are considered to be high sources of a nutrient.

What are the signs/symptoms associated with iron deficiency?

Individuals with iron deficiency can experience anemia, fatigue and irritability, exercise intolerance, exertional dyspnea, difficulty concentrating, weakness, and / or pica (a craving to chew on things that are not food such as ice or chalk).

If I have more questions, what should I do?

If you have questions about how blood donation could impact your iron stores, we recommend that you speak with your personal physician about blood donation and iron deficiency. Your physician knows your health history and is the best person to perform anemia testing or provide guidance on iron supplementation.

Use this version during periods WITHOUT local transmission.

This may be added to the END of the version 4.0 AABB Blood Donor Educational Materials

**BLOOD DONOR EDUCATIONAL MATERIAL FOR
MEASLES VIRUS INFECTION OR EXPOSURE**

Please DO NOT DONATE BLOOD if you

- Have had Measles infection or have been exposed to someone with infection in the past 21 days.



07/01/26

Use this version during periods when FDA has communicated that the recommendations in sections III.A.2 and III.B of the guidance should be implemented and specifies the countries for which donor residency and travel history should be assessed.

For additional information on epidemiologic risk factors to consider when evaluating a person for exposure to Orthoebolavirus see: [Ebola Disease Basics | Ebola | CDC](#)

This may be added to the END of the AABB Blood Donor Educational Material

BLOOD DONOR EDUCATIONAL MATERIAL FOR EBOLA DISEASE

Blood collection facilities must reduce the risk of collecting blood and blood components from a donor who may be infected with Ebola disease. It is possible that an individual with Ebola disease may not have symptoms of infection during the incubation period. In addition, anyone who has EVER had Ebola disease may be at risk for transmitting Ebola disease through blood donation, regardless of the length of time since recovery.

Ebola disease is transmitted from human to human by direct contact with the body fluids (such as blood, urine, stool, saliva, semen, vaginal fluids or vomit) of symptomatic individuals. Healthcare workers, and family and friends providing care may have direct exposure to blood or other body fluids of sick patients. If direct exposure occurs, a person is at high risk of developing Ebola disease and must not donate blood or blood components.

DO NOT DONATE BLOOD if:

- You have **EVER** had Ebola disease
- In the **PAST 8 WEEKS**, you have lived in, or travelled to, a country with an Ebola disease outbreak .
- In the **PAST 8 WEEKS**, you have had sexual contact with a person who has **EVER** had Ebola disease, including a person under investigation in whom diagnosis is pending.
- In the **PAST 8 WEEKS**, you have had direct exposure to the body fluids (such as blood, urine, stool, saliva, semen, vaginal fluids or vomit) of a person with Ebola disease, including the body fluids of a person under investigation in whom diagnosis is pending.
- In the **PAST 8 WEEKS**, you have you been notified by a public health authority that you may have been exposed to a person with Ebola disease.

PLEASE CONTACT THE DONOR CENTER, if you develop the following symptoms within the 8 week period following donation:

Fever
Severe Headache
Muscle Pain and Weakness
Fatigue

followed by:

Diarrhea
Vomiting
Abdominal Pain
hemorrhage (bleeding or bruising)