

GENERAL INFORMATION FOR BLOOD DONORS

PLEASE READ CAREFULLY

If You Have Any Questions, Please Ask A Member Of Our Staff

T O D O N A T E T O D A Y

You must be feeling well and

- **Have eaten within past four hours**
- Have a valid picture ID
- Be at least 17 years old
- Weigh at least 110 pounds
- If female, NOT BE pregnant *or have been pregnant in the past six weeks*

PLEASE TELL US IF YOU ARE NOW TAKING OR IF YOU HAVE EVER TAKEN ANY OF THESE MEDICATIONS

- **Accutane© (isotretinoin) – usually given for severe acne**
- **Avodart© (dutasteride) – usually given for prostate gland enlargement**
- **Growth Hormone from Human Pituitary Glands – used only until 1985, usually for children with delayed or impaired growth**
- **Hepatitis B Immune Globulin – given following an exposure to hepatitis B. NOTE: This is different from the hepatitis B vaccine which is a series of 3 injections given over a 6 month period to prevent future infection from exposure to hepatitis B.**
- **Insulin from Cows (Bovine, or Beef, Insulin) – used to treat diabetes**
- **Propecia© (finasteride) – usually given for sever psoriasis**
- **Soriatane© (acitretin) - usually given for severe psoriasis**
- **Tegison© (etretinate) – usually given for severe psoriasis**
- **Unlicensed Vaccine – usually associated with a research protocol**

P L E A S E D O N O T D O N A T E I F

YOU JUST WANT TO BE TESTED FOR HIV/AIDS

In the past 8 weeks

- Have been vaccinated for smallpox, or have touched someone else's smallpox vaccination site before it was completely healed.

You have ANY of the following symptoms which may be associated with HIV/AIDS:

- Unexplained weight loss of more than 10 pounds within past 2 months
- Unexplained sweating, especially at night
- Fever higher than 99°F for more than a week
- Swollen glands or enlarged lymph nodes in neck, armpit or groin – with or without pain
- Pink, blue or purple spots or lumps, raised or flat, on or under skin or in the mouth, nose, ears. (Look like bruises, but don't disappear)
- White patches in the mouth (thrush)
- Persistent cough or shortness of breath
- Persistent diarrhea

<p><u>Since this time last year, you have</u></p>	<ol style="list-style-type: none"> 1. Had a tattoo, skin piercing or ear piercing <i>outside of a licensed facility</i> 2. Been in jail, prison or any correctional institution for more than 72 consecutive hours 3. Had sex with a person with AIDS or a positive HIV test 4. Paid someone for sex 5. Been transfused <p>NOTE: ("Have sexual contact with" and "sex" apply to any of the following activities, vaginal sex, oral sex, or anal sex)</p>
<p><u>Since 1980, you have visited or lived</u></p>	<ol style="list-style-type: none"> 1. In the United Kingdom (England, Scotland, Wales, Northern Ireland, Isle of Man, Channel Islands, Gibraltar or the Falkland Islands) for a total of 3 months from 1980 through 1996. 2. In Europe for a combined total of 5 years from 1980 until now. (Albania, Andorra, Austria, Belgium, Bosnia-Herzegovina, Bulgaria, Croatia, the Czech Republic, Denmark, Finland, France, Germany, Greece, Holy See, Hungary, Ireland, Italy, Liechtenstein, Luxembourg, Macedonia, Monaco, the Netherlands, Norway, Poland, Portugal, Romania, the Slovak Republic, San Marino, Slovenia, Spain, Sweden, Switzerland, the UK, and Yugoslavia (Serbia, Kosovo, Montenegro) 3. On a U.S. Military Base for a combined total of 6 months <ol style="list-style-type: none"> a. In the <i>United Kingdom, Germany, the Netherlands or Belgium</i> between 1980-1990, b. Or in <i>Greece, Italy, Portugal, Spain or Turkey</i> between 1980-1996
<p><u>Since 1977, you</u></p>	<ol style="list-style-type: none"> 1. (If male), have had sex with another man, <i>even once</i>.
<p>You have EVER</p>	<ol style="list-style-type: none"> 1. <i>Received human clotting factor treatment</i> for hemophilia 2. Used intravenous (IV) illegal drugs, <i>even once</i> 3. Had cancer, <u>except for</u> basal cell cancer of the skin or carcinoma in-situ of the cervix. 4. Had a positive test for HIV/AIDS

<p>What happens after your donation:</p>	<p>To protect patients, your blood is tested for hepatitis B and C, HIV, certain other viruses, and syphilis. If your blood test positive, it will not be given to a patient</p>
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<p>You will be notified <u>IF</u></p>	<p>You have any positive or abnormal test result. You may not be able to donate again and your information will be placed in an electronic deferred database.</p>
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**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
NOTICE OF PRIVACY PRACTICES**

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that your health information is personal. We are committed to protecting your health information, otherwise referred to as Protected Health Information (PHI). We create a record of the medical history information and all testing of your blood donations. We need this record to comply with certain legal requirements. This notice applies to all of the records of your donations generated by this health care facility. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to your health information, and describe certain obligations we have regarding the use and disclosure of your PHI.

We are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practice with respect to PHI
- Follow the terms of the notice that is currently in effect.