

# **BLOOD DONOR GUIDELINES**

If you have any questions, please ask a member of our staff

## **General Donor Requirements**

- Must provide personal photo identification
- Must be at least 17 years old
- Must weigh at least 110 pounds
- Should not be currently taking antibiotics (24 hours after last dose) or other medication for an **active** infection
- **Should have eaten a full meal within 4 hours prior to donation**

## **Permanent Disqualifications**

- **History of leukemia or lymphoma, and other cancers of the blood.**
  - Solid tumor cancers or skin cancers are acceptable, if it has been more than 2 years since treatment was completed and there has been no cancer recurrence in this time frame
  - Basal cell carcinoma and in-situ cervical cancer acceptable for any time frame
- Any diagnosis of vCJD for you and/or diagnosis of genetic CJD for a blood relative
- Any history of hemophilia or related clotting factor deficiencies requiring treatment with clotting factor concentrates
- Any history of Ebola virus disease or infection
- Any history of taking any medication to treat HIV infection

## **Temporary Disqualifications**

- **Three (3) month deferral:**
  - Malaria – travel, of greater than 24 hours, to malaria endemic countries
  - Currently taking or have taken medications to prevent HIV infection in the past 3 months - these medications may be known under the following names: PrEP, PEP, Truvada or Descovy
- **Four (4) week deferral:**
  - Shingles (Zostavax) vaccine
  - Chicken pox (varicella zoster) vaccine
  - M-M-R II: Measles, Mumps, and Rubella virus vaccine

## **Important Reminders**

- Your complete honesty in answering all questions is very important for the safety of patients who receive your blood. All information you provide is confidential.
- HIV is the virus that causes AIDS. It is spread mainly by sexual contact with an infected person or by sharing needles or syringes used by an infected person for injecting drugs
- Remember, your blood can transmit infections, including HIV/AIDS, even if you feel well and all your tests are normal. This is because even the best tests cannot detect the virus for a period of time after you are infected.
- **Please DO NOT donate to get an HIV test**
- Please notify our staff if you have any reason to believe your blood is not suitable for transfusion

## **Symptoms Associated with HIV/AIDS**

**If you exhibit any of the following symptoms at this time, please refrain from donating:**

- Unexplained weight loss of more than 10 pounds within the last 2 months
- Unexplained sweating, especially at night
- Fever higher than 99°F for more than 1 week
- Swollen glands or enlarged lymph nodes in the neck, armpit or groin, either with or without pain
- Pink, blue or purple spots or lumps, raised or flat, on or under skin or in the mouth, nose or ears
- White patches in the mouth (thrush)
- Persistent diarrhea, cough and shortness of breath

## **Intended Use of Blood Products**

All products collected are intended for transfusion. Any products deemed not suitable for transfusion could be further manufactured and/or used for commercial or research purposes.

## **Iron Deficiency**

Red blood cells (RBCs) contain iron. All blood donors, including platelet donors, lose some RBCs and iron with their donation. The impact of this iron loss on your health varies among donors. Your body needs iron to make new RBCs to replenish those you lose during donation. In younger women and frequent donors of either gender, blood donation may remove most of the body's iron stores. Symptoms of iron deficiency include: fatigue, decreased exercise capacity, neurocognitive changes, restless leg syndrome, and pica (a craving to chew things with no nutritional value, such as ice). In addition to eating a well-balanced diet including iron-rich food, iron deficiency may be alleviated by taking multivitamins with iron or iron-only supplements. You should discuss taking a multivitamin or iron supplement, including dose and frequency, with your personal physician.

# **BLOOD DONOR GUIDELINES**

If you have any questions, please ask a member of our staff

## **Medication Deferral List**

### **Permanent deferral:**

- **Antiretroviral therapy (ART)** – usually given for HIV treatment
- Etretinate (eg, Tegison) – usually given for severe psoriasis
- Growth Hormone from Human Pituitary Glands – used to treat children for failure to grow

### **3 years after last dose:**

- Acitretin (eg, Soriatane) – usually given for severe psoriasis

### **2 years after last dose:**

- Teriflunomide (eg, Aubagio) – usually given for relapsing multiple sclerosis
- Vismodegib (eg, Erivedge) – usually given for basal cell skin cancer treatment
- Sonidegib (eg, Odomzo) - usually given for basal cell skin cancer treatment
- Leflunomide (eg, Arava) – usually given for rheumatoid arthritis

### **12 months after last dose:**

- Hepatitis B Immune Globulin (HBIG) – given following exposure to Hepatitis B
- Unlicensed Vaccine – usually associated with a research protocol

### **6 months after last dose:**

- Dutasteride (eg, Avodart, Jalyn) – usually given for prostate gland enlargement

### **3 months after last dose:**

- **Tenofovir (eg, Truvada)** – usually given for HIV prevention (PrEP and PEP)
- **Emtricitabine (eg, Descovy)** - usually given for HIV prevention (PrEP and PEP)
- **Dolutegravir (eg, Tivicay)** - usually given for HIV prevention (PrEP and PEP)
- **Raltegravir (eg, Isentress)** - usually given for HIV prevention (PrEP and PEP)

### **6 weeks after last dose:**

- Mycophenolate mofetil (eg, Cellcept) - immunosuppressant

### **1 month after last dose:**

- Finasteride (eg, Proscar, Propecia) – usually given for male pattern baldness
- Isotretinoin (eg, Absorica, Accutane, Amnesteem, Claravis, Myorisan, Sotret, Zenatane) – usually given for acne treatment
- **Upadacitinib (eg, Rinvoq)** – usually given for rheumatoid arthritis
- Thalidomide (eg, Thalomid) – usually given for multiple myeloma

### **7 days after last dose:**

- Heparin and derivatives – given to prevent blood clots and strokes
- Warfarin (eg, Coumadin, Warfilone, Jantoven) – given to prevent blood clots and strokes

### **2 days after last dose:**

- Apixaban (eg, Eliquis) - given to prevent blood clots and strokes
- Dabigatran (eg, Pradaxa) - given to prevent blood clots and strokes
- Dalteparin (eg, Fragmin) - given to prevent blood clots and strokes
- Edoxaban (eg, Savaysa) - given to prevent blood clots and strokes
- Enoxaparin (eg, Lovenox) - given to prevent blood clots and strokes
- Rivaroxaban (eg, Xarelto) - given to prevent blood clots and strokes
- Fondaparinux (eg, Arixtra) - given to prevent blood clots and strokes

### **\*The following drugs apply to platelet donations only\***

### **1 month after last dose:**

- Vorapaxar (eg, Zontivity) - given to prevent stroke or heart attack

### **14 days after last dose:**

- Clopidogrel (eg, Plavix) – given to prevent stroke or heart attack
- Ticlopidine (eg, Ticlid) – given to prevent stroke or heart attack

### **7 days after last dose:**

- Ticagrelor (eg, Brilinta) - given to prevent stroke or heart attack

### **3 full days (>72 hours) after last dose:**

- Prasugrel (eg, Effient) – given to prevent stroke or heart attack

### **2 full days (>48 hours) after last dose:**

- Aspirin, aspirin-like, or anti-inflammatory medications (eg, Aleve, Advil, Naproxen, Ibuprofen, Nuprin, Excedrin, BC Powder, Duragesic, Voltaren)
- Herbal supplements – garlique, ginger, ginkgo biloba, ginseng, magnesium salicylate
- Piroxicam (eg, Feldene) - given to prevent stroke or heart attack

## **Testing of Blood Products**

To protect patients, your blood will be tested for infectious diseases and certain other viruses. If your blood tests positive, it will not be transfused to a patient. If you have any reactive or abnormal test results, you will be notified by mail and your information will be placed in our electronic deferral database. You will not be able to donate again. The University of Texas MD Anderson is required by law to report donor information, including reactive results, to state or local health departments.

### **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 to comply with certain legal requirements. This notice applies to all of the records of your donations generated by this healthcare facility. This notice is to inform you about the ways in which we may use and disclose health information about you and to describe your rights to your health information.

We are required by law to:

- 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
- Make sure that health information that identifies you, is kept private