DONOR EDUCATIONAL MATERIALS

INSTRUCTIONS FOR COMPLETING THE HEALTH HISTORY
INSTRUCTIONS FOR COMPLETING THE HEALTH HISTORY

You MUST read these instructions in their entirety before completing the health history questions. The Food and Drug Administration (FDA) requires that this information be read each time you donate. You can help us make your donation process safe for yourself and patients who receive your blood.

You may withdraw from the blood donation procedure at any time.

We know that you would not donate unless you think your blood is safe. However, in order for us to assess all risks that may affect you or a patient receiving a transfusion, it is essential that you answer each question completely and accurately.

To determine if you are eligible to donate we will:
- Ask about your health and travel
- Ask about medications you are taking or have taken
- Ask about your risk for infections that can be transmitted by blood – especially AIDS and viral hepatitis
- Take a blood sample to be sure your blood count is acceptable
- Take your blood pressure, temperature and pulse.

If you are eligible to donate we will:
- Cleanse your arm with an antiseptic. (tell us if you have any skin allergies)
- Use a new, sterile disposable needle to collect your blood.

Your responses to the Questionnaire will be reviewed by a member of our staff to determine whether you are able to donate today. The staff will need to ask you additional questions based on your responses. At that time, you will be able to ask any questions you may have.

To ensure you understand the question being asked, please listen to and/or read the full question before answering. If you do not understand the question, leave the question blank and a staff member will assist you when reviewing the questions.

Please:
- Read each question carefully before answering.
- Answer each question with a yes or no response.
- Leave the answer blank if you do not understand the question or would like to discuss your response.
- Refer to Informational Materials in this booklet, or on the computer as required to assist in answering specific questions.
- After completing the Questionnaire, inform a staff member that you are finished.

As with any medical procedure, the potential for complications exists for blood donation. These risks and hazards will be presented to you along with the opportunity to ask questions.

What happens after you donate?
To protect patients, your blood is tested for hepatitis B and C, HIV, syphilis and certain other infectious disease markers. Certain diseases associated with high risk activity or travel can be transmitted through blood transfusion. If your blood tests positive it will not be given to a patient. You will be notified about test results that would disqualify you from donating in the future. There are times when your blood is not tested. If this occurs, you may not receive any notification.

Please do not donate to get tested for HIV, Hepatitis or any other infections.

THANK YOU FOR COMING IN TO DONATE TODAY
Donor Eligibility- Specific Information
Why we ask questions about sexual contact: Sexual contact may cause contagious diseases like HIV to get into the bloodstream and is spread through transfusions to someone else.

Definition of “sexual contact”
The words “have sexual contact with” and “sex” are used in some of the questions we will ask you, and apply to any of the activities below, whether or not a condom or other protection was used:
1. Vaginal sex (contact between penis and vagina)
2. Oral sex (mouth or tongue on someone’s vagina, penis, or anus)
3. Anal sex (contact between penis and anus)

HIV/AIDS Risk Behaviors and Symptoms
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.

Do not DONATE if you:
- Have AIDS or have ever had a positive HIV test
- Have ever use needles to take drugs, steroids, or anything not prescribed by your doctor
- Are a male who has ever had sexual contact with another male, IN THE PAST 12 MONTHS
- Have ever taken money, drugs or other payment for sex
- Have had sexual contact in the past 12 months with anyone described above
- Have had syphilis or gonorrhea in the past 12 months
- Have been in juvenile detention, lock up, jail or prison for more than 72 consecutive hours IN THE PAST 12 MONTHS

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. If you think you may be at risk for HIV/AIDS or want to be tested for HIV/AIDS, please ask for information about other testing facilities. Please do not donate to get an HIV test.

The following symptoms can be present before an HIV test turns positive:
- Fever
- Enlarged lymph glands
- Sore throat
- Rash

DO NOT donate if you have these symptoms!

Travel to or birth in other countries:
Blood donor tests may not be available for some contagious diseases that are found only in certain countries. If you were born in, lived in, or visited certain countries, you may not be eligible to donate.

Travel to certain regions in the tropics and some areas of the United States may put you at risk of getting mosquito-borne infections. Of most concern at this time are tropical diseases caused by Zika, dengue, and chikungunya viruses.

If you have traveled to the tropics in the past 28 days and later develop unexplained illness with two or more of the symptoms listed below please notify a staff person.

Fever ≥ 100 F
Muscle and/or joint aches or weakness
Headache

Eye pain including conjunctivitis (pink eye)
A rash
Bleeding or easy bruising (unrelated to your blood donation)
Special Donors

There are times when specific patients need a blood product with unique characteristics which are beyond the routine tests that are performed on each donated unit.

Therefore, extra testing may be performed on your blood to determine if you possess these characteristics.

Some additional tests that may be performed include:

- Extended typing of red blood cells for antigens that may be present or absent. Some patients possess unexpected red cell antibodies and need red cells that lack the corresponding antigens in addition to the routine blood groups of ABO.
- Typing of white blood cells for antigens that may be present or absent. Some patients possess white cell antibodies and need blood products that lack the corresponding antigens.
- Typing for the human platelet antigens (HPA), such as PLA1(HPA1A). Occasionally there is an incompatibility between mother and baby; platelets lacking the PLA1 antigen are needed for the baby.
- Other special typing, such as for CMV antibody negative products, needed for infants and immuno-compromised patients, and/or Sickle Cell trait negative products, needed for patients with Sickle Cell Disease.

If testing reveals that your blood possesses special characteristics that are needed for a specific patient, we may contact you in the future to donate for the patient in need of special donor’s blood. Only special donors can help the patients in need of blood components described above.

Pre-Donation Information on Iron Deficiency

We care about your health and want you to know that donating blood reduces iron stores in your body. In many people, this has no effect on their health; however, in some people, particularly younger women or donors of either gender who donate frequently, blood donation sometimes may remove enough iron that it may impact your iron stores.

Iron is needed to make new red blood cells to replace those you lose from donation. To make new red blood cells, your body either uses iron already stored in your body or uses iron that is in the food you eat or in vitamins or iron supplements you take.

There are several possible symptoms associated with low iron stores:

- Fatigue
- Decreased exercise capacity
- Pica (a craving to chew things such as ice or chalk)
- Restless Leg Syndrome

In addition, having low iron stores may increase the possibility of having a low hemoglobin test and prevent you from donating blood.

Please refer to our iron brochure for more information on iron and how to maintain an iron balance.
For Use with Question #4- Medication Deferral List

SOME MEDICATIONS MAY AFFECT YOUR ELIGIBILITY TO DONATE BLOOD.
PLEASE TELL US IF YOU...

<table>
<thead>
<tr>
<th>Are being treated with the following types of medications....</th>
<th>or have taken...</th>
<th>which is also called...</th>
<th>in the last....</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anti-platelet agents</strong> (usually taken to prevent stroke or heart attack)</td>
<td><strong>Feldene</strong> (NSAID)</td>
<td>piroxicam</td>
<td>2 days</td>
</tr>
<tr>
<td></td>
<td><strong>Effient</strong></td>
<td>prasugrel</td>
<td>7 days</td>
</tr>
<tr>
<td></td>
<td><strong>Brilinta</strong></td>
<td>ticagrelor</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Aggrenox</strong></td>
<td>Aspirin and dipyrimadole</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Persantine</strong></td>
<td>Dipyrimadole</td>
<td>14 days</td>
</tr>
<tr>
<td></td>
<td><strong>Plavix</strong></td>
<td>clopidogrel</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Ticlid</strong></td>
<td>ticlopidine</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Zontivity</strong></td>
<td>vorapaxar</td>
<td></td>
</tr>
<tr>
<td><strong>Anticoagulants or “blood thinners”</strong> (usually to prevent blood clots in the legs and to prevent strokes)</td>
<td><strong>Xarelto</strong></td>
<td>rivaroxaban</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Fragmin</strong></td>
<td>delteparin</td>
<td>2 days</td>
</tr>
<tr>
<td></td>
<td><strong>Lovenox</strong></td>
<td>enoxaparin</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Pradaxa</strong></td>
<td>dabigatran</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Eliquis</strong></td>
<td>abixaban</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Savaysa</strong></td>
<td>edoxaban</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Coumadin</strong></td>
<td>Jantoven</td>
<td>warfarin</td>
</tr>
<tr>
<td></td>
<td><strong>Warfilone</strong></td>
<td><strong>low molecular weight heparin</strong></td>
<td>heparin</td>
</tr>
<tr>
<td></td>
<td><strong>Arixtra</strong></td>
<td>fondaparinux</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Innohep</strong></td>
<td>tinzaparin</td>
<td></td>
</tr>
<tr>
<td><strong>Acne treatment</strong></td>
<td><strong>Accutane</strong></td>
<td>Myorisan</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Ammesteem</strong></td>
<td>Sotret</td>
<td>isotretinoin</td>
</tr>
<tr>
<td></td>
<td><strong>Absorica</strong></td>
<td>Zenatane</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Claravis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hair loss remedy</strong></td>
<td><strong>Propecia</strong></td>
<td>finasteride</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Proscar</strong></td>
<td>finasteride</td>
<td></td>
</tr>
<tr>
<td><strong>Prostate symptoms</strong></td>
<td><strong>Avodart</strong></td>
<td>Dutasteride</td>
<td>6 Months</td>
</tr>
<tr>
<td></td>
<td><strong>Jalyn</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Basal cell skin cancer</strong></td>
<td><strong>Erivedge</strong></td>
<td>vismodegib</td>
<td>24 months</td>
</tr>
<tr>
<td><strong>Relapsing multiple sclerosis</strong></td>
<td><strong>Aubagio</strong></td>
<td>teriflunomide</td>
<td>2 years</td>
</tr>
<tr>
<td></td>
<td><strong>Novantrone</strong></td>
<td>mitoxantrone</td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td><strong>Tysabri</strong></td>
<td>natalizumab</td>
<td>3 months</td>
</tr>
<tr>
<td><strong>Psoriasis</strong></td>
<td><strong>Soriatane</strong></td>
<td>acitretin</td>
<td>3 years</td>
</tr>
<tr>
<td></td>
<td><strong>Tegison</strong></td>
<td>etretinate</td>
<td>Ever</td>
</tr>
<tr>
<td><strong>Hepatitis exposure</strong></td>
<td><strong>Hepatitis B Immune Globulin</strong></td>
<td>HBIG</td>
<td>12 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>or as indicated by Medical Director</td>
</tr>
<tr>
<td><strong>Experimental Medication or Unlicensed (Experimental) Vaccine</strong></td>
<td></td>
<td></td>
<td>12 months</td>
</tr>
<tr>
<td><strong>Growth hormone from human pituitary glands</strong></td>
<td>Ever</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Insulin from Cows (Bovine or Beef Insulin) manufactured in the United Kingdom</strong></td>
<td>Ever</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Anabolic Steroid- Injected</strong></td>
<td>Ever</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bladder pain/ interstitial cystitis</strong></td>
<td><strong>Elmiron</strong></td>
<td>Pentosan polysulfate sodium</td>
<td>4 days</td>
</tr>
</tbody>
</table>

* No longer available in US
DO NOT discontinue medications prescribed or recommended by your physicians in order to donate blood. 

*Some medications affect your eligibility as a blood donor, for the following reasons:*

**Anti-platelet agents affect platelet function**, so people taking these drugs should not donate platelets for the indicated time; however, you may still be able to donate whole blood.

**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.

**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. Once the medication has been cleared from your blood, you may donate again.

**Elmiron (pentosan polysulfate sodium)** – usually given for the relief of bladder pain or discomfort associated with interstitial cystitis.

**Erivedge (Vismodegib), Aubagio (teriflunomide)** can cause birth defects or the death of an unborn baby if transfused to a pregnant woman. Once the medication has been cleared from your blood, you may donate again.

**Growth hormone from human pituitary glands** was prescribed for children with delayed or impaired growth. The hormone was obtained from human pituitary glands, which are in the brain. Some people who took this hormone developed a rare nervous system condition called Creutzfeldt-Jakob Disease (CJD, for short).

**Insulin from cows (bovine, or beef, insulin)** is an injected medicine used to treat diabetes. If this insulin came to the United States from the United Kingdom (where “mad cow disease” has occurred) it could contain material from cattle that have “mad cow disease”. Although no cases of the human type of “mad cow disease” have been reported in people treated with bovine (beef) insulin, there is concern that someone exposed to “mad cow disease” through beef insulin could transmit it to someone who receives their blood.

**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 or Unlicensed (Experimental) Vaccine** is usually associated with a research study, and the effect on the safety of transfused blood is unknown.

**Anabolic Steroids (Oral or Injected) Without a Physician’s Prescription:** These are often used for body building. Because of the possible side effects of anabolic steroids on the recipient, donors should not have taken any oral anabolic steroids without a physician prescription in the past year, or have ever taken injected anabolic steroids without a physician’s prescription.

**Tysabri (Natalizumab):** This drug is an anti-inflammatory monoclonal antibody that prevents white blood cells from getting to sites of inflammation. It is a powerful immune suppressant with unknown effects if a blood product were to be transfused to certain patients, e.g. small infants. Therefore, donors taking this drug are deferred as a precaution.

**Novantrone (Mitoxantrone):** This drug is a powerful anti-neoplastic and cytotoxic that works by cross linking DNA and interrupting cell division. Even small amounts of this drug could adversely affect certain patients, e.g. small infants. Therefore, donors taking this drug are being deferred as a precaution.

*Donors SHOULD NOT discontinue medications prescribed or recommended by their physician in order to donate blood.*
For Use with Question #6
The following is a list of aspirin, aspirin containing medications, and non-steroidal anti-inflammatory drugs. Please tell us if you have taken any of these medications, any other aspirin containing medication or non-steroidal anti-inflammatory drug in the past 48 hours. If you are unsure if the medication you took contains aspirin or is a non-steroidal anti-inflammatory drug, ask your medical interviewer.

**ASPIRIN AND ASPIRIN CONTAINING MEDICATIONS**

- APC tablets (Aspirin, Phenacetin, Caffeine)
- AAC tablets (Acetaminophen, Aspirin, Caffeine)
- AAC tablets (Acetaminophen, Aspirin, Codeine)
- Aceticyl
- Acetosalin
- Acetylsal
- Adult analgesic pain reliever
- Aggrenox
- Alka-seltzer antacid and pain reliever
- Alka-seltzer plus sinus allergy or cold medicine
- Amigesic
- Aminosalicylate
- Aminosalicylate potassium
- Aminosalicylate sodium
- Aminosalicylate acid
- anacin
- Anaflex 750
- Analval
- Anexia
- Anodynos
- Arthritis pain ascriptin
- Arthritis pain formula
- Arthritis strength BC powder
- Arthritis strength bufferin
- Arthropan liquid
- ASA enseals
- ASA suppositories
- Asacol (mesalamine)
- Ascriptin
- Aspergum
- Aspermin
- Aspirin
- Aspirin and caffeine with butalbital
- Aspirin Jr
- Aspir-Low
- Aspimax
- Aspir-max
- Aspirotab
- Apritab-Max
- Axotal
- Azdone tablets
- Azulfidine
- Azulfidine-Entabs
- BA-C tablets
- Back-Quell
- Bayer 8-hour timed release aspirin
- Bayer children’s aspirin
- Bayer plus aspirin tablets
- BC cold powder multi-symptom formula
- BC cold powder non-drowsy formula
- BC powder
- Bismuth subsalicylate
- Buffaprin
- Buffsal
- Bufferin (all forms)
- Buffets II
- Buffex
- Buffinol
- Butal compound
- Butalbital, aspirin, caffeine, codeine
- Butinal
- Cama arthritis pain reliever
- Cama inlay tab
- Capathyn, cap
- Captrone
- Cardioprin
- Carisopodol with aspirin
- Childrens Bayer chewable
- CMT
- Colazal
- Cope
- Damason-P
- Daprisal
- Darvon Compound-N
- Dasikon
- Dasin
- Dasprin
- Decolyn
- Decotussin
- Dilotab
- Disalcid (Slacalate)
- Doan's regular strength tablets
- Dolcin
- Dristan tablets
- Duradyne
- Easprin
- Ecotrin
- Emagrin
- Empirin
- Empirin with codeine
- Endodon Enterfilm
- Epragen
- Epromate
- Equagesic
- Equagesic tablets
- Equazine
Excedrin
Fast relief pain formula
Fiorgen
Fiorinal
Fiorinal with codeine
Glepin
Genaced
Genacote
Genprin
Gensan
Genuine Bayer aspirin
Goody's extra strength
Goody's headache powder
Halfprin 81, EC tab
Halprin
Isollyl
Magan (magnesium salicylate)
Magnaprin
Magnaprin Arthritis strength
Margesic compound No. 65
Marnal
Marthritic (salcalate)
Maximum Bayer
Maximum strength arthritis anacin
Measurin
Mepro aspirin
Mepro compound
Meprocarbomal
Midrin
Mementum
Momentum Muscular tablet
My-Luck effervescent tablet
Neogesic
Night-time effervescent tab
Norgesic
Norgesic forte
Norwich
Norwich extra-strength
Novrad
Orphenadrine citrate with aspirin
P-A-C Revised formula
Pain reliever tablet
Pain-aid
Panodynes analgesic
Pc-Cap
Pentasa
Pepidyne
Pepto-Bismol (bismuth subsalicylate)
Percodan
Percodan-Demi
Phenaphen
Pravigard PAC
Precomp
Presalin
Propox 65, Propoxyphene
Propoxyphene compound (various)
Renwasa
Rhinex
Rhinocaps
Roxiprin
Rumacol
Salabuff
Salatin capsules
Salcitab
Saletc
Sallex
Salcol
Sine-off sinus
SK-65
Solprin
Sodol
Soma with codeine
St. Joseph chewable
Stanback power
Supac
Suprin
Synalos
Tenol plus
Therapy Bayer aspirin
Tricosal
Trilisate
Tripin
Tri-Pain caplets
Ursinus Inlay-tabs
Valesin
Verin
Wesprin buffered
Zacririn
Zorprin
NON-Steroidal Anti-Inflammatory Drugs

Advil, Midol, Motrin, Nuprin, Refen (Ibuprofen)
Aleve, Anaprox, Naprelan (Naproxen Sodium)
Clinoril (Sulindac)
Dolobid (Deflunisal)
Feldene (Piroxicam) – Anti-platelet agent
Indocin (Indomethacin)
Naprosyn (Naproxen)
Relafen (Nabumetone)
Tolectin (Tolmetin Sodium)
Toradol (Ketorolac)
Voltaren (Diclofenac Sodium)

For Use with QUESTIONS #28 and #31

Countries in the United Kingdom (UK):

- England
- Northern Ireland
- Scotland
- Wales
- The Isle of Man
- The Channel Islands
- Gibraltar
- Falkland Islands
For use with QUESTION # 30

**EUROPEAN COUNTRIES WITH RISK OF VCJD:**

<table>
<thead>
<tr>
<th>Albania</th>
<th>Macedonia</th>
<th>United Kingdom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>Montenegro</td>
<td>- Britain</td>
</tr>
<tr>
<td>Belgium</td>
<td>Netherlands</td>
<td>- Channel Islands</td>
</tr>
<tr>
<td>Bosnia-Herzegovina</td>
<td>- Holland</td>
<td>Alderny</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>Norway</td>
<td>Guernsey</td>
</tr>
<tr>
<td>Croatia</td>
<td>Poland</td>
<td>Herm</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>Portugal</td>
<td>Jersey</td>
</tr>
<tr>
<td>Denmark</td>
<td>- Azores</td>
<td>Sark</td>
</tr>
<tr>
<td>Finland</td>
<td>Romania</td>
<td>- England</td>
</tr>
<tr>
<td>France</td>
<td>Serbia</td>
<td>- Falkland Islands</td>
</tr>
<tr>
<td>- Corsica</td>
<td>Slovak Republic</td>
<td>- Gibraltar</td>
</tr>
<tr>
<td>- French Guiana</td>
<td>Slovak Republic</td>
<td>- Great Britain</td>
</tr>
<tr>
<td>- Guadeloupe</td>
<td>Slovenia</td>
<td>- Isle of Man</td>
</tr>
<tr>
<td>- Martinique</td>
<td>Spain</td>
<td>- Northern Ireland</td>
</tr>
<tr>
<td>- Mayotte</td>
<td>- Canary Islands</td>
<td>- Scotland</td>
</tr>
<tr>
<td>- Réunion</td>
<td>- Ceuta</td>
<td>- Wales</td>
</tr>
<tr>
<td>Germany</td>
<td>- Islas Chafarinas</td>
<td>Yugoslavia</td>
</tr>
<tr>
<td>Greece</td>
<td>- Isla de Alborán</td>
<td>(or the former Federal Republic of Yugoslavia)</td>
</tr>
<tr>
<td>Hungary</td>
<td>- Melilla</td>
<td></td>
</tr>
<tr>
<td>Ireland</td>
<td>- Peñón de Alhucemas</td>
<td></td>
</tr>
<tr>
<td>Italy</td>
<td>- Peñón de Vélez de la Gomera</td>
<td></td>
</tr>
<tr>
<td>Kosovo</td>
<td>- Spanish North African Territories</td>
<td></td>
</tr>
<tr>
<td>Liechtenstein</td>
<td>Sweden</td>
<td></td>
</tr>
<tr>
<td>Luxembourg</td>
<td>Switzerland</td>
<td></td>
</tr>
</tbody>
</table>
Please read this form carefully. Take time to ask the donor center staff as many questions about the use of your blood for research studies as you would like. The donor center staff can explain words or information that you do not understand. Reading this form and talking to the donor center staff may help you decide whether to donate or not.

You are being asked to participate in a research study to evaluate a new test for detection of a mosquito-borne agent known as Zika virus. Zika is a virus that rarely causes paralytic nervous system damage, but in pregnancy, can cause loss of the baby or serious birth defects. Most people do not get sick after infection. Only one in five people will have fever, rash, joint pain, and conjunctivitis (red eyes) lasting a few days to a week. Zika is usually transmitted by the bite of an infected mosquito. It can also be transmitted by sex with an infected person, from a pregnant mother to her baby and by blood transfusion.

This donor center is doing a research study to understand the effectiveness of new tests to detect Zika virus in donated blood and prevent patient exposure. Some of this research is conducted with other institutions, such as blood bank organizations, academic centers and biomedical companies. Any remainder of your donation may be stored up to 3 years after the completion of the study and used for further research related to the Zika virus.

Samples linked to your identifying information will be tested for ZIKA virus. If your test results suggest that you may be infected, this donation center will attempt to contact you to notify you and explain the significance of the results. The donation center will discuss the potential risk for sexual transmission of Zika Virus, and potential harm to the fetus during pregnancy. You will be notified in person, by phone, or by letter. If your test results suggest that you may be infected, you should discuss these results with your primary care physician. You may also visit the Centers for Disease Control and Prevention (CDC) website at http://www.cdc.gov/zika/ for additional information regarding Zika virus.

If the results suggest that you may have a Zika virus infection, you will be invited to participate in voluntary follow-up studies involving additional blood samples. Should you choose to participate, additional informed consent process will be required.

Your participation in this research study is entirely voluntary. You will not be paid for your participation in this study. Your participation will not require any additional procedures or time beyond the normal donation process. The risk of having your donation tested with the study test is not any greater than having your
donation tested for other infectious diseases, although a positive result may alarm you. There is a very low chance that your blood sample may give a false positive result. If the test is positive, the blood that you donate will not be used for transfusion. There will be no costs or payments to you for your participation in this study. Although you may not receive a direct benefit from this study, the results may allow for better test systems to become available to protect the blood supply.

The results of all testing on your donation during this study are confidential, except when reportable by law to public health authorities, and to authorized blood center personnel, the U.S. Food and Drug Administration (FDA), Hologic, Inc. and associated Zika studies. Your age, gender, general geographic location, and test results may be used to evaluate important information about Zika virus, but this information is combined with information about other donors and not identified with you.

You may refuse to participate by notifying the blood collection staff that you will not be donating blood or blood components today. If you decline testing we will be unable to use your whole blood or red blood cells, however, we will inform you whether you may donate plasma or platelets. If you decide not to participate at this time, your decision will not change your future relationship with the blood center and there is no penalty to you. If you decide not to participate after your donation is taken, call the Principal Investigator at the number(s) above.

An Independent Review Board (IRB) is a group of people who review research studies to protect the rights and welfare of research participants. If you have questions or complaints about your rights as a study participant contact the Chesapeake IRB:

- By mail:
  Study Subject Adviser
  Chesapeake IRB
  6940 Columbia Gateway Drive, Suite 110
  Columbia, MD 21046

- or call toll free: 877-992-4724
- or by email: adviser@chesapeakeirb.com

Please reference the following number when contacting the Study Subject Adviser: Pro00017603.

If you have scientific questions or questions about your participation in these studies, you may contact our Donor Counseling Service at 1-800-310-9556. By signing your Blood Donation Record, you are giving consent to allow us to use a portion of your blood donation and associated information for research purposes related to Zika virus.
Ebola virus disease (EVD) has been determined by the FDA to be a transfusion-transmitted infection. At this time, with no countries classified by the CDC as having widespread transmission of Ebola virus, we are asking donors who have a history of Ebola virus infection or disease not to donate. Please contact our Medical Help Desk at 866-366-6771 for further information on your donation status.

We appreciate your willingness to be a blood donor, and thank you for your cooperation in helping us keep our blood supply safe.
DONOR INFORMED WRITTEN CONSENT

I am voluntarily donating my blood to the Blood Center for transfusion and other medical and scientific purposes including research studies. In doing so, I hereby give my informed consent to perform the procedures necessary to collect and test my blood. I understand that trained personnel will insert a needle into my arm to collect my blood. I am aware that, as a result of the procedure, complications such as infection, pain, bruising, nerve injury, lightheadedness or fainting, may occur during or shortly after donation. Rarely, faint reactions can be delayed and occur after leaving the donation area or facility. Donating blood frequently may also result in low iron levels or iron deficiency. I am willing to undergo these risks involved in this procedure in order that I may donate my blood. I am aware that my blood will be tested for diseases that could be transmitted through a blood transfusion. I am aware that the test results will be recorded. If the results are positive or questionable and could present a risk to my health, I will be notified. My name will be placed on a permanent deferral list. My test results will be reported to health agencies as required by law. I understand that in some instances, such as when an insufficient sample is taken, testing for infectious disease is not possible. As a result, the unit of blood is discarded. I should not assume that my test results are negative, since testing cannot always be performed. I know or have been told that my blood will be tested for the presence of the Human Immunodeficiency Virus (HIV), the virus that causes AIDS. The tests have been explained to me, including their purposes, potential uses, limitations, and the meaning of the results. I specifically consent to the performance of HIV-related testing. Information has been given to me about prevention, exposure to, and the spread of HIV. I have also received information regarding the spread of HIV by transfusion of blood and blood products. I verify that, to my knowledge, the use of my blood does not present a risk for the spread of any infectious disease, including AIDS. I have been given the opportunity to ask questions, and all the questions that I have asked have been answered to my satisfaction. I have read and understand the above statement.