

Donor ID: TEST8798  
 Donor Name: JOETEST1

Gender: Male

Session Date: 5/9/2003 4:23:32 PM  
 Reviewer Login: admin

Y	1	<input checked="" type="checkbox"/>	Have you ever donated or attempted to donate blood using a different (or another) name here or anywhere else?
Y	2	<input checked="" type="checkbox"/>	In the past 8 weeks, have you given blood, plasma or platelets here or anywhere else?
Y	3	<input checked="" type="checkbox"/>	Have you for any reason been deferred or refused as a blood donor or told not to donate blood?
<input checked="" type="checkbox"/>	4	N	Are you feeling well and healthy today?
Y	4A	<input checked="" type="checkbox"/>	In the past 28 days, have you been ill with SARS or suspected SARS?
Y	4B	<input checked="" type="checkbox"/>	In the past 14 days, have you cared for, lived with, or had direct contact with body fluids of a person with SARS or suspected SARS?
Y	4C	<input checked="" type="checkbox"/>	In the past 14 days, have you traveled to, traveled through, or resided in areas affected by SARS?
Y	5	<input checked="" type="checkbox"/>	In the past 12 months have you been under a doctor's care or had a major illness or surgery?
Y	5A	<input checked="" type="checkbox"/>	In the past week, have you had a fever with headache?
Y	6	<input checked="" type="checkbox"/>	Have you ever had chest pain, heart disease, recent or severe respiratory disease?
Y	7	<input checked="" type="checkbox"/>	Have you ever had cancer, a blood disease or a bleeding problem?
Y	8	<input checked="" type="checkbox"/>	Have you ever had yellow jaundice, liver disease, viral hepatitis or a positive test for hepatitis?
Y	9	<input checked="" type="checkbox"/>	Have you ever had malaria, Chagas' disease or babesiosis?
Y	10A	<input checked="" type="checkbox"/>	Have you ever taken etretinate (Tegison) for psoriasis?
Y	10B	<input checked="" type="checkbox"/>	In the past 3 years, have you taken Acitretin (Soriatane)?
Y	10C	<input checked="" type="checkbox"/>	In the past 36 hours have you taken aspirin, or anything that has aspirin in it?
Y	10D	<input checked="" type="checkbox"/>	In the past month, have you taken Isotretinoin (Accutane) or finasteride (Proscar) (Propecia), or in the past 6 months, have you taken dutasteride (AVODART)?
Y	10E	<input checked="" type="checkbox"/>	In the past 4 weeks, have you taken any pills or medications?
Y	10E1	<input checked="" type="checkbox"/>	Since 1980, have you ever injected bovine (beef) insulin?
Y	11	<input checked="" type="checkbox"/>	In the past 4 weeks, have you had any shots or vaccinations?
Y	11A	<input checked="" type="checkbox"/>	In the past 8 weeks, have you received a smallpox vaccination?
Y	11A1	N	Has the smallpox vaccination scab fallen off your skin by itself?
Y	11A2	N	Did you have any illness or complications due to the smallpox vaccination?
Y	11B	<input checked="" type="checkbox"/>	In the past 8 weeks have you had close contact with the smallpox vaccination site of anyone else? Examples of close contact include: - touching the vaccination site - touching the bandages or covering of the vaccination site - handling bedding or clothing that had been in contact with an unbandaged vaccination site
Y	11B1	N	Have you had any new skin rash or skin sore since the time of contact with the smallpox vaccination site?
Y	12	<input checked="" type="checkbox"/>	In the past 12 months, have you been given rabies shots?
Y	13	N	Female donors: In the past 6 weeks, have you been pregnant or are you pregnant now?
<input checked="" type="checkbox"/>	14A	N	In the past 3 years, have you been outside the United States or Canada?
Y	14B	<input checked="" type="checkbox"/>	Since 1980, have you ever lived in, or traveled to Europe?
Y	14B1	N	From 1980 through 1996, did you spend time that adds up to 3 months or more in the United Kingdom (England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands)?
Y	14B2	N	Since 1980, have you received a transfusion of blood, platelets, plasma, cryoprecipitate, or granulocytes in the United Kingdom (England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands)?
Y	14B3	N	Since 1980 have you spent time that adds up to 5 years or more in Europe (including time spent in the United Kingdom from 1980 through 1996)?

Y	14C	N	From 1980 through 1996, were you a member of the U.S. military, a civilian military employee or a dependent of a member of the U.S. military?
Y	14C1	N	From 1980 through 1990, did you spend a total time of 6 months or more associated with a military base in Belgium, The Netherlands, or Germany?
Y	14C2	N	From 1980 through 1996, did you spend a total time of 6 months or more associated with a military base in Spain, Portugal, Turkey, Italy, or Greece?
Y	15A	<input checked="" type="checkbox"/>	Have you ever received growth hormone made from human pituitary glands?
Y	15B	<input checked="" type="checkbox"/>	Have you received a dura mater (or brain covering) graft?
Y	15C	<input checked="" type="checkbox"/>	Have any of your blood relatives had Creutzfeldt-Jakob Disease?
Y	16	<input checked="" type="checkbox"/>	In the past 12 months, have you had close contact with a person with yellow jaundice or viral hepatitis, or have you been given Hepatitis B Immune Globulin (HBIG)?
Y	18	<input checked="" type="checkbox"/>	In the past 12 months, have you received blood or had an organ or tissue transplant or graft?
Y	19	<input checked="" type="checkbox"/>	In the past 12 months, have you had a tattoo applied, ear or skin piercing, acupuncture, accidental needlestick or come in contact with someone else's blood?
Y	20A	<input checked="" type="checkbox"/>	In the past 12 months, have you had a positive test for syphilis?
Y	20B	<input checked="" type="checkbox"/>	In the past 12 months, have you had or been treated for syphilis or gonorrhea?
Y	21	<input checked="" type="checkbox"/>	In the past 12 months, have you given money or drugs to anyone to have sex with you?
Y	22A	<input checked="" type="checkbox"/>	At any time since 1977, have you taken money or drugs for sex?
Y	22B	<input checked="" type="checkbox"/>	In the past 12 months, have you had sex, even once, with anyone who has taken money or drugs for sex?
Y	23A	<input checked="" type="checkbox"/>	Have you ever used a needle, even once, to take drugs that were not prescribed by a doctor?
Y	23B	<input checked="" type="checkbox"/>	In the past 12 months, have you had sex, even once, with anyone who has used a needle to take drugs not prescribed by a doctor?
Y	24	<input checked="" type="checkbox"/>	Male donors: Have you had sex with another male, even once, since 1977?
Y	25	N	Female donors: In the past 12 months, have you had sex with a male who has had sex, even once, since 1977 with another male?
Y	26A	<input checked="" type="checkbox"/>	Have you ever taken clotting factor concentrates for a bleeding problem, such as hemophilia?
Y	26B	<input checked="" type="checkbox"/>	In the past 12 months, have you had sex, even once, with anyone who has taken clotting factor concentrates for a bleeding problem such as hemophilia?
Y	27A	<input checked="" type="checkbox"/>	Do you have AIDS or have you had a positive test for the AIDS virus?
Y	27B	<input checked="" type="checkbox"/>	In the past 12 months, have you had sex, even once, with anyone who has AIDS or has had a positive test for the AIDS virus?
Y	28	<input checked="" type="checkbox"/>	Are you giving blood because you want to be tested for HIV or the AIDS virus?
<input checked="" type="checkbox"/>	29	N	Do you understand that if you have the AIDS virus, you can give it to someone else even though you may feel well and have a negative AIDS test?
Y	30A	<input checked="" type="checkbox"/>	Were you born in, have you lived in, or have you traveled to any African country since 1977?
Y	30B	N	When you traveled to <country(ies)> did you receive a blood transfusion or any other medical treatment with a product made from blood?
Y	30C	<input checked="" type="checkbox"/>	Have you had sexual contact with anyone who was born in or lived in any African country since 1977?
Y	31	<input checked="" type="checkbox"/>	In the past 12 months, have you been in jail or prison?
<input checked="" type="checkbox"/>	32	N	Have you read and understood all the donor information presented to you, and have all your questions been answered?

Accepted  Deferred

Signed \_\_\_\_\_

Comments: Q14A. Mexico in 2002