

**DONOR TO COMPLETE THIS SIDE**  
**DONOR REGISTRATION FORM**  
**BLOOD TRANSFUSION SERVICES, THE MASSACHUSETTS GENERAL HOSPITAL**  
**BOSTON, MA 02114-2696 USA**  
**U.S. LICENSE #300, REGISTRATION #1270485**

Bar Code

**PLEASE PRINT LEGAL NAME:**

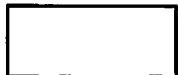
Print Full Legal Name

ARE YOU		Yes	No	ALLOGENEIC DONATION CARD		Yes	No
<b>1. Feeling healthy and well today?</b>				<b>23. Used needles to take drugs, steroids, or anything <u>not</u> prescribed by your doctor?</b>			
<b>2. Currently taking an antibiotic?</b>				<b>24. Received money, drugs, or other payment for sex?</b>			
<b>3. Currently taking any other medication for an infection?</b>				<b>IN THE PAST 16 WEEKS HAVE YOU</b>			
<b>PLEASE READ THE MEDICATION DEFERRAL LIST.</b>				<b>25. Donated a double unit of red cells on an apheresis machine?</b>			
<b>4. Have you taken any medications on the Medication Deferral List in the time frames indicated? (Review the Medication Deferral List.)</b>				<b>IN THE PAST 12 MONTHS HAVE YOU</b>			
<b>5. Have you read the educational materials today?</b>				<b>26. Had sexual contact with a person who has hepatitis?</b>			
<b>IN THE PAST 48 HOURS</b>				<b>27. Lived with a person who has hepatitis?</b>			
<b>6. Have you taken aspirin or anything that has aspirin in it?</b>				<b>28. Been in juvenile detention, lockup, jail or prison for 72 hours or more consecutively?</b>			
<b>IN THE PAST 8 WEEKS HAVE YOU</b>				<b>IN THE PAST 3 YEARS HAVE YOU</b>			
<b>7. Donated blood, platelets or plasma?</b>				<b>29. Been OUTSIDE the United States or Canada?</b>			
<b>8. Had any vaccinations or other shots?</b>				<b>FROM 1980</b>			
<b>9. Had contact with someone who was vaccinated for smallpox in the past 8 weeks?</b>				<b>30. From 1980 through 1998, did you spend time that adds up to 3 months or more in the United Kingdom countries of England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands?</b>			
<b>IN THE PAST 3 MONTHS HAVE YOU</b>				<b>31. From 1980 through 2001, did you spend time that adds up to 5 years or more in France or Ireland? Time spent in Ireland does not include time spent in Northern Ireland which is part of the United Kingdom.</b>			
<b>10. Had a blood transfusion?</b>				<b>32. From 1980 to the present, did you receive a blood transfusion in France, Ireland, England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands?</b>			
<b>11. Had a transplant such as organ, tissue, or bone marrow?</b>				<b>HAVE YOU EVER</b>			
<b>12. Had a graft such as bone or skin?</b>				<b>33. Female donors: Been pregnant or are you pregnant now?</b>			
<b>13. Come into contact with someone else's blood?</b>				<b>34. Had a positive test for the HIV/AIDS virus?</b>			
<b>14. Had an accidental needle-stick?</b>				<b>35. Had malaria?</b>			
<b>15. Had sexual contact with anyone who has ever had HIV/AIDS or has ever had a positive test for the HIV/AIDS virus?</b>				<b>36. Received a dura mater (or brain covering) graft or xenotransplantation product?</b>			
<b>16. Had sexual contact with a prostitute or anyone else who has ever taken money or drugs or other payment for sex?</b>				<b>37. Had any type of CANCER, including leukemia?</b>			
<b>17. Had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything <u>not</u> prescribed by their doctor?</b>				<b>38. Had any problems with your heart or lungs?</b>			
<b>18. Male donors: Had sexual contact with another male?</b>				<b>39. Had a bleeding condition or a blood disease?</b>			
<b>19. Female donors: Had sexual contact with a male who had sexual contact with another male in the past 3 months?</b>				<b>40. RECEIVED a blood transfusion?</b>			
<b>20. Had a tattoo?</b>				<b>ADDITIONAL QUESTIONS</b>			
<b>21. Had ear or body piercing?</b>				<b>41. In the past 3 months, have you taken any medication to prevent an HIV infection?</b>			
<b>22. Had or been treated for syphilis or gonorrhea?</b>				<b>42. Have you EVER taken any medication to treat an HIV infection?</b>			

**Donor Attestation/Consent:**

I have read and understand the educational material and the risks and hazards of blood/platelet donation, the testing which will be done on a sample of my blood, and who should not give blood. I have had a chance to ask questions and understand that I can withdraw from the procedure at any point. I understand that I should not donate blood if I have participated in any activities listed in the educational material which could have exposed me to relevant transfusion transmitted diseases. I understand that a sample of my blood will be tested for relevant transfusion transmitted diseases, and other infectious agents. I understand that if it is determined that I am not suitable to donate, my confidential record will identify me as ineligible to donate. I will be notified of the basis for deferral and the period. I have answered all questions truthfully to the best of my knowledge. I give permission for my blood to be used for transfusion to patients or for research.

DONOR SIGNATURE SAMPLE



History ID