



DONOR INSTRUCTIONS

- Review all documents in this binder:
 - Blood Donor Educational Material
 - Medication Deferral List
 - Definitions
 - Iron and Blood Donation
 - Donation Tips
 - Informed Consent
- Complete the questionnaire by answering each question as **Yes** or **No**, or select **Skip** if you are unsure of the answer.
- Inform us if you are allergic to latex or chlorhexidine.
- Help us maintain a private, confidential setting:
 - Please mute or silence your cell phone.
 - Please ask friends/family to wait in the designated area.
 - Please refrain from outside conversation while completing the questionnaire. Answer the questions on your own, without input from others. If you are unsure of how to answer a question, please check with a KBC staff member.

Thank you for coming in today!

BLOOD DONOR EDUCATIONAL MATERIAL



YOU MUST READ THIS BEFORE YOU DONATE!

- Your **accurate and honest** responses are critical to the safety of patients who receive blood transfusions.
- Each question is necessary to fully evaluate the safety of your donation.
- As required by regulations, we are instructing you not to donate blood if you have a risk factor.
- If you don't understand a question, ask the blood center staff for assistance.
- YOUR RESPONSES ARE CONFIDENTIAL.

To determine if you are eligible to donate, we will:

- Ask about your health and medications you are taking or have taken.
- Ask if you have traveled to or lived in other countries.
- Ask about your risk for infections that can be transmitted by blood – especially HIV (which is the virus that causes AIDS), and viral hepatitis.
- Take your blood pressure, temperature, and pulse.
- Take a blood sample to be sure your blood count is acceptable before you donate.

If you are eligible to donate, we will:

- Clean your arm with an antiseptic (Tell us if you have any skin allergies).
 - Use a sterile needle and tubing set to collect your blood.
- We NEVER reuse a needle or tubing set.

WHAT HAPPENS AFTER YOUR DONATION

To protect patients, your blood is tested for hepatitis B and C, HIV, syphilis, and other infections. If your blood tests positive, it will not be given to a patient. You will be notified about any positive test result which may affect when you are eligible to donate in the future. There are times when your blood is not tested. If this occurs, you may not receive any notification. The blood center will not release your test results without your written permission unless required by law (e.g., to the Health Department).

DONOR ELIGIBILITY – SPECIFIC INFORMATION

Certain infectious diseases, such as HIV and hepatitis, can be spread through:

- Sexual contact
- Other activities that increase risk
- Blood transfusion

We will ask specific questions about sexual contact and other activities that may increase risk for these infections.

What do we mean by “sexual contact?”

The words “have sexual contact with” and “sex” are used in some of the questions we will ask you. These questions apply to all of the activities below, whether or not medications, condoms or other protection were used to prevent infection or pregnancy:

- Vaginal sex (contact between penis and vagina)
- Oral sex (mouth or tongue on someone's vagina, penis, or anus)
- Anal sex (contact between penis and anus)

A “new sexual partner” includes the following examples:

- Having sex with someone for the first time
OR
- Having had sex with someone in a relationship that ended in the past, and having sex again with that person in the last 3 months.

HIV/Hepatitis risk factors

HIV and hepatitis are spread mainly by sexual contact with an infected person OR by sharing needles or syringes used by an infected person to inject drugs.

DO NOT DONATE if you:

- Have **EVER** taken any medication **to treat HIV infection**.
- Are taking any medication **to prevent HIV infection**. These medications may be called: **PrEP, PEP, TRUVADA, DESCOVY, APRETUDE or many other names**.

FDA-approved antiretroviral drugs are safe and effective in preventing sexual transmission of HIV. However, these antiretroviral drugs do not fully eliminate the virus from the body, and donated blood can potentially still transmit HIV infection to a transfusion recipient.

DO NOT STOP TAKING ANY PRESCRIBED MEDICATIONS IN ORDER TO DONATE BLOOD, INCLUDING PrEP and PEP MEDICATIONS.

DO NOT DONATE if you:

- Have **EVER** had a positive test for HIV infection.
- **In the past 3 months:**
 - Have had sexual contact with a new partner **and** have had anal sex.
 - Have had sexual contact with more than one partner **and** have had anal sex.
 - Have had sexual contact with anyone who has ever had a positive test for HIV infection.
 - Have received money, drugs, or other payment for sex.
 - Have used needles to inject drugs, steroids, or anything not prescribed by your doctor.
 - Have had sexual contact with anyone who has received money, drugs, or other payment for sex, **or** used needles to inject drugs, steroids, or anything not prescribed by their doctor.
 - Have had syphilis or gonorrhea or been treated for syphilis or gonorrhea.
- **In the past 12 months:**
 - Have been in juvenile detention, lockup, jail or prison for 72 hours or more consecutively.
- Have **EVER** had Ebola virus infection or disease.

DO NOT DONATE if you have these symptoms which can be present before you test positive for HIV:

- Fever
- Enlarged lymph glands
- Sore throat
- Rash

Your blood can transmit infections, including HIV, even if you feel well and all your tests are normal. Even the best tests cannot detect the virus for a period of time after you are infected.

DO NOT DONATE:

- If you think you may be at risk for HIV or other infections.
- If your purpose for donating is to obtain test results for HIV or other infections. Ask us where you can be tested for HIV and other infections.
- If your donation might harm the patient who receives your blood.

THANK YOU FOR DONATING BLOOD TODAY!

Kentucky Blood Center
800-775-2522

PLEASE DO NOT DONATE TO GET TESTED FOR HIV, HEPATITIS, OR ANY OTHER INFECTIONS!

MEDICATION DEFERRAL LIST



DO NOT STOP taking medications prescribed by your doctor in order to donate blood.

Donating while taking these drugs could have a negative effect on your health or on the health of the recipient of your blood.

PLEASE TELL US IF YOU:

ARE BEING TREATED WITH ANY OF THE FOLLOWING TYPES OF MEDICATIONS:	OR HAVE TAKEN:			WHICH IS ALSO CALLED:	ANYTIME IN THE LAST:
Anti-platelet agents (usually taken to prevent stroke or heart attack)	Feldene			piroxicam	3 days
	Effient			prasugrel	
	Brilinta			ticagrelor	14 days
	Plavix			clopidogrel	
	Ticlid			ticlopidine	
	Zontivity			vorapaxar	1 month
Anticoagulants or “blood thinners” (usually taken to prevent blood clots in the legs and lungs and to prevent strokes)	Arixtra			fondaparinux	7 days
	Eliquis			apixaban	
	Fragmin			dalteparin	
	Lovenox			enoxaparin	
	Pradaxa			dabigatran	
	Savaysa			edoxaban	
	Xarelto			rivaroxaban	
	Coumadin, Warfilone, Jantoven			warfarin	
	Heparin, low-molecular-weight heparin				
Acne treatment	Accutane Claravis Zenatane	Amnesteem Myorisan	Absorica Sotret	isotretinoin	1 month
Multiple myeloma	Thalomid Revlimid			thalidomide lenalidomide	1 month
Rheumatoid arthritis	Rinvoq			upadacitinib	1 month
Hair loss remedy	Propecia			finasteride	1 month
Prostate symptoms	Proscar			finasteride	1 month
	Avodart Jalyn			dutasteride	6 months
Immunosuppressant	Cellcept			mycophenolate mofetil	6 weeks
Hepatitis exposure	Hepatitis B Immune Globulin			HBIG	3 months
HIV Prevention (also known as PrEP or PEP)	Any medication taken by mouth (oral) to prevent HIV.	Truvada		emtricitabine and tenofovir disoproxil fumarate	3 months
		Descovy		emtricitabine and tenofovir alafenamide	
	Injectable HIV prevention	Apretude		cabotegravir	2 years
		Yeztugo		lenacapavir	
Basal cell skin cancer	Erivedge			vismodegib	2 years
	Odomzo			sonidegib	
Relapsing multiple sclerosis	Aubagio			teriflunomide	2 years
Rheumatoid arthritis	Arava			leflunomide	2 years
Psoriasis	Soriatane			acitretin	3 years
	Tegison			etretinate	Ever
HIV treatment	Any medication to treat HIV. May also be called antiretroviral therapy (ART).				Ever
Experimental Medication					12 months
Memory loss treatment	Aricept			donepezil HCl	Ever
Leg pain/peripheral vascular disease treatment	Pletal			cilostazol	3 days

MEDICATION DEFERRAL LIST



DO NOT STOP taking medications prescribed by your doctor in order to donate blood.

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

Antiplatelet agents affect platelet function, so people taking these drugs should not donate platelets for the indicated time. You are eligible to donate whole blood or red blood cells by apheresis.

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.

Thalomid (thalidomide), Revlimid (lenalidomide), Erivedge (vismodegib), Odomzo (sonidegib), Aubagio (teriflunomide), and Rinvoq (upadacitinib) may cause birth defects or the death of an unborn baby if transfused to a pregnant woman.

Cellcept (mycophenolate mofetil) and Arava (leflunomide) are immunosuppressants that may cause birth defects or the death of an unborn baby if transfused to a pregnant woman.

PrEP or pre-exposure prophylaxis involves taking a specific combination of oral medicines (i.e., short-acting antiviral PrEP) or injections (i.e., long-acting antiviral PrEP) as a prevention method for people who are HIV negative and at high risk of HIV infection. FDA has determined that the available data demonstrate that the use of PrEP or PEP may delay the detection of HIV by currently licensed screening tests for blood donations, potentially resulting in false negative results in infected individuals. Although “Undetectable = Untransmittable” for sexual transmission, this **does not apply to transfusion transmission**.

PEP or post-exposure prophylaxis is a short-acting treatment started as soon as possible after a high-risk exposure to HIV to reduce the risk of infection. FDA has determined that the available data demonstrate that the use of PrEP or PEP may delay the detection of HIV by currently licensed screening tests for blood donations, potentially resulting in false negative results in infected individuals. Although “Undetectable = Untransmittable” for sexual transmission, this **does not apply to transfusion transmission**.

ART or antiretroviral therapy is the use of a combination of HIV medicines (called an HIV regimen) to treat HIV infection. HIV infection requires a permanent deferral despite treatment with ART. Antiretroviral drugs do not fully eliminate the virus from the body, and donated blood from individuals infected with HIV taking ART can potentially still transmit HIV to a transfusion recipient. Although “Undetectable = Untransmittable” for sexual transmission, this **does not apply to transfusion transmission**.

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 medications are usually associated with a research study, and their effect on the safety of transfused blood is unknown.

Memory loss medications are usually given to persons experiencing memory loss associated with dementia (i.e., Alzheimer’s disease). As memory is affected by these conditions, we cannot guarantee a complete and accurate health history. Therefore, individuals with these conditions are not eligible to donate. Individuals who are taking this medication due to head trauma or due to a family history of dementia (in order to prevent dementia) may be eligible to donate.

Medications for leg pain/peripheral vascular disease treatment may 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 or red blood cells by apheresis.



DEFINITIONS

Understanding the questions on the history questionnaire, and answering them honestly, is vital to the safety of the blood supply. Since some of the diseases and terms on the questionnaire may be unfamiliar, definitions for several are listed below. If you have questions about any of these or about any other words on the questionnaire, please ask a KBC staff member for additional information.

Babesiosis:

A tick-borne malaria-like illness caused by various types of Babesia, a microscopic parasite that infects red blood cells. In the United States, most cases of babesiosis occur during warmer months in the Northeast and upper Midwest regions of the country. While symptoms are typically mild, some patients develop severe or even fatal infection.

Creutzfeldt-Jakob disease:

A rare degenerative brain disorder that leads to dementia and typically causes death within one year of diagnosis.

Malaria:

A parasitic infection that is spread via mosquito bites. Transmission occurs mainly in tropical and subtropical climates. When untreated, malaria can result in severe complications, which can include death.

Xenotransplantation:

The transplantation of live cells, tissues, or organs from one species to another (e.g., from a non-human animal to a human). Transplantation or grafting of animal tissue that is sterilized and processed (e.g., bovine or porcine bone grafts, heart valves, etc.) is not considered a xenotransplant because there are no live cells.

IRON AND BLOOD DONATION

Introduction

Your health is important to us. We check hemoglobin (Hgb) levels of every donor every time they donate. Hemoglobin is a protein found in red blood cells that allows the cells to carry oxygen. Your hemoglobin level correlates with the number of red blood cells in your body. A low hemoglobin usually means that your number of red blood cells is low.

Hemoglobin contains iron, and iron is needed to produce more red blood cells. The most common reason for low hemoglobin levels in blood donors is low iron.

How does blood donation affect your iron?

Since iron is found in red blood cells, it is lost during blood donation. Unless this lost iron is replaced, iron stores may decrease, eventually leading to low hemoglobin levels. Donors with low iron stores prior to donating may become iron deficient even after one donation. This includes women (regardless of donation frequency) and men who are frequent blood donors (defined as donating two or more times per year).

How do low iron stores affect me?

Many donors with low iron stores do not experience symptoms and have normal hemoglobin levels for some time until iron levels become too low. There are several symptoms associated with low iron stores – fatigue, decreased exercise capacity and pica (craving to chew things such as ice or chalk). When iron stores get too low, the production of new red blood cells is affected, resulting in low hemoglobin levels, which may lead to deferral from donating blood.

What can I do to replace and maintain my iron stores?

It is very important to replenish the iron lost through blood donation, especially in donors whose iron stores may be low prior to donation. *While eating iron rich foods may be helpful, studies have shown that iron supplementation (multivitamin with iron or iron supplements) is the only way to consistently replace the iron lost in frequent blood donors.* Without iron supplementation, two thirds of donors will not replenish their iron stores by 24 weeks.

What type of iron supplement should I take and how should I take it?

Your physician or pharmacist can help you in deciding what dose, type and duration of iron supplement to choose. In general, you will likely replace the iron lost through one blood donation by taking a multivitamin with iron (19 mg iron) daily for 3 months or one iron caplet (45 mg iron) daily for 6 weeks.

Why can't I take larger doses to recover iron stores quicker?

Your body can only absorb 2-4 mg of iron per day. Therefore, taking larger doses for a shorter amount of time will likely not lead to better absorption and may result in more side effects.

Summary

Iron is lost through blood donation. When iron stores become too low, hemoglobin levels will eventually decrease as well. *Most donors will not replace the iron lost by diet alone – iron supplementation is highly recommended.*

DONATION TIPS

During blood donation, some people feel light-headed or dizzy. One way to help prevent these feelings is to use Applied Muscle Tension (AMT).

AMT is a form of isometric exercise. It consists of tightening/flexing the muscles of one part of your body for 5 seconds, followed by releasing/relaxing the muscles for 5 seconds. When you are donating blood, use AMT in the muscles of your calves, thighs and abdomen.

Applied Muscle Tension Exercises

These exercises are safe and easy to perform and are recommended for any blood donation. However, if you choose not to do them as a routine, be ready to use them should you feel faint, dizzy or nauseous before, during or after your donation. AMT is a simple technique consisting of cycles of repeated contraction and relaxation of the major muscle groups of 2 regions of the body: abdomen and legs.



One group of muscles is activated at a time.

1. Tense the muscles in your abdomen. Count to 5.
2. Release the tension; relax your abdomen. Count to 5.
3. Tense the muscles in your legs (scrunch your toes) or repeatedly cross and uncross your legs (legs extended). Count to 5.
4. Release the tension; relax your legs. Count to 5.

Repeat these steps at least 5 times or throughout your donation.

Scientific studies have shown that leg crossing combined with muscle tensing is effective at reducing or averting the light-headedness or dizziness that some donors experience by producing a rise in blood pressure and heart rate. These exercises are beneficial to ALL donors but especially to donors who are young, low-weight females, first-time donors or donors with a history of easy fainting. Regardless of who you are (age, gender, donor frequency), AMT will enhance your donation experience by giving *you* tools to prevent or control symptoms. *Try it!*

DONATION TIPS

Hydration & Salt



- **Before donation: 10-30 minutes before donating, eat a salty snack and drink 16 ounces of fluid (water is best!).**

The water causes the stomach wall to expand, triggering a reflex that temporarily increases blood pressure, while the salt in the salty snack triggers the body to release hormones that cause it to absorb more fluid and raise the blood volume. Both may help prevent the lightheadedness some donors experience during donation.

- **After donation: Eat a salty snack and drink an isotonic drink, such as Powerade.**

Isotonic drinks, like Powerade, are absorbed more quickly than other drinks. Increasing blood volume after donation by eating a salty snack and drinking an isotonic drink may help prevent post-donation lightheadedness.

After your donation, hit the refreshment area!

Upon completion of your donation, remain on the bed for 5 minutes; then dangle your feet over the side of the bed and sit for a moment. If you feel well and have been cleared by your phlebotomist, stand and walk to the canteen area where you will find replenishing hydration and snacks. **As above, isotonic drinks and salty snacks are best!**

Please remain in the canteen area for at least 10 minutes, or longer if you feel it is necessary. If you experience any lightheadedness, immediately place your head between your knees or sit on the floor. Inform a KBC staff member. These small measures can make a big difference in enhancing your experience donating life-saving blood.



All done!



Enjoy your day! You've earned it. You've helped save a life.

Avoid strenuous physical activity or heavy lifting for a few hours. If you feel light-headed, lie down until you are feeling better.

kybloodcenter.org
800.775.2522