

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.

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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!

Stanford Blood Center
650-725-9968

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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:	
Antiplatelet agents (usually taken to prevent stroke or heart attack)	Feldene	piroxicam	2 Days	
	Effient	prasugrel	3 Days	
	Brilinta	ticagrelor	7 Days	
	Plavix	clopidogrel	14 Days	
	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	2 Days	
	Eliquis	apixaban		
	Fragmin	dalteparin		
	Lovenox	enoxaparin		
	Pradaxa	dabigatran		
	Savaysa	edoxaban		
	Xarelto	rivaroxaban		
	Coumadin, Warfilone, Jantoven	warfarin	7 Days	
	Heparin, low-molecular-weight heparin			
Acne treatment	Accutane Amnesteem Absorica Claravis Myorisan Sotret Zenatane	isotretinoin	1 Month	
Multiple myeloma	Thalomid Revlimid	thalidomide lenalidomide		
Rheumatoid arthritis	Rinvoq	upadacitinib		
Hair loss remedy	Propecia	finasteride		
Prostate symptoms	Proscar	finasteride		
	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
		Descovy		emtricitabine and tenofovir alafenamide
	Injectable HIV prevention	Apretude	cabotegravir	2 Years
Basal cell skin cancer	Eriveg Odomzo	vismodegib sonidegib	2 Years	
Relapsing multiple sclerosis	Aubagio	teriflunomide		
Rheumatoid arthritis	Arava	leflunomide		
Psoriasis	Soriatane	acitretin	3 Years	
	Tegison	etretinate	Ever	
HIV treatment	Any medication to treat HIV. May also be called antiretroviral therapy (ART)			
Experimental medication			As defined by the medical director	

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Medication Deferral List

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

Some medications may affect donor eligibility for the following reasons:

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

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.

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YOUR DONATION

You will be donating up to approximately one pint of whole blood. If you are donating using automation, the amount collected will be tailored to your height, weight, and blood counts. Please let us know if at any time you do not want to continue. Your blood and stored blood samples may be used for transfusion, further manufacturing, investigational testing, training, research, and other uses as needed. In addition, your health information may be used in a confidential manner for research and blood center operations

TESTING YOUR BLOOD

Your blood will be tested for evidence of infections that may be transmissible by blood including, but not limited to, Hepatitis B and C, HIV, HTLV, Syphilis, and West Nile Virus. Your blood will also be typed for ABO, Rh and possibly other blood cell markers that may be important for transfusion or transplantation. Some of the tests may be investigational (research) tests. We will **not** notify you if all of your infectious disease tests are negative. To better interpret and understand the results of your tests, it may be necessary to contact you for follow-up testing. There may be circumstances where your blood is not tested. In these cases, it will not be used for transfusion.

YOUR RECORDS

Stanford Blood Center is required to retain records of all your donations, your answers to your questions, your test results and your eligibility to donate. You have a right to request a copy of your records and to ask that we update information about you.

POSSIBLE SIDE EFFECTS OF BLOOD DONATION

The most common side effects of blood donation are bruising at the donation site or light-headedness. Rarely, fainting, inflammation of the vein, skin infection, or nerve injury may occur. We offer a post-donation callback line for you to contact us and discuss your symptoms. If further medical treatment is indicated, we may advise you to notify your primary care physician and/or seek medical attention at your local urgent care clinic or emergency department depending on the symptoms experienced. Stanford Blood Center does not assume financial responsibility for medical care to treat symptoms that arise after blood donation.

RESEARCH ACTIVITIES

In addition to making transfusable components, we support research both within and outside of Stanford University by providing researchers with de-identified samples and components (for example, extra blood tubes or white blood cells that are not needed for transfusion). Samples collected at the time of donation may also be stored for research after all required testing is completed. We also occasionally collect blood solely for research, and we may contact you to ask if you are interested in donating for this purpose. Researchers at Stanford Blood Center analyze donor information and perform investigational tests to try to identify ways to improve the safety and efficacy of blood transfusion and transplantation. We will not release your identity or contact information to any researchers outside of Stanford Blood Center. We may contact you if a researcher notifies us of a finding that is important to your health. Donated blood is used by Stanford Blood Center for any use it deems advisable, and any rights or ownership with respect to the donated blood is relinquished by the donor. Even though blood is freely given by volunteers, there are significant costs to recruit blood donors and then to collect, test, process, store and deliver blood to hospitals. These and other operating and overhead costs of the Blood Center are supported by processing fees collected from hospitals, researchers and other customers.

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EMERGING INFECTIOUS DISEASES

Novel Coronavirus (COVID-19): Please do not donate if in the past 14 days you have had symptoms of a confirmed or suspected COVID-19 infection or have had a positive COVID-19 test.

Ebola, Chikungunya, Dengue: Please do not donate if you have **EVER** had **Ebola virus** infection or disease. Please do not donate for **4 weeks** after full recovery, if you have been diagnosed with an infection of **chikungunya** or **dengue**. If you have been diagnosed with one of the above infections within the timeframe specified, please notify our staff onsite or call our post-donation callback line at 650-725-9968.

DONOR COMMUNICATION

From time to time, we may utilize various communication tools to connect with our donors, including (but not limited to) postal mail, email, SMS (text) and push notifications. If you wish to change your opt-in preferences, you may do so by using available application settings or by contacting us at sbcsupport@stanford.edu or 888-723-7831.

USE OF BLOOD CENTER TABLET DEVICES AND PUBLIC WIRELESS NETWORK

Stanford Blood Center is providing complimentary tablet devices and public wireless network for the convenience of donors at fixed site locations. The following rules apply:

1. The tablet device is issued as a courtesy. It is your responsibility to return it and all accessories to the blood center staff at the end of your donation.
2. Please be aware that content on the tablet, including movies, books, music and apps, is uncensored, including any internet content you may choose to access.
3. Do not leave any personal data, files or applications on the tablet. Please clear all email account data, user names and passwords.
4. Blood center tablets are configured for your entertainment and convenience, rather than for strong security. Stanford Blood Center is not guaranteeing the security of your personal use.
5. We recommend for your safety and comfort that you utilize a table, such as the chairside table, to support the device while in use.
6. For safety, comfort and privacy, please use headphones if sound is required.
7. Stanford Blood Center reserves the right to restrict or cancel tablet device use or access for any purpose.

STANFORD BLOOD CENTER (SBC) SPECIFICALLY DISCLAIMS ANY LIABILITY FOR UNAUTHORIZED THIRD-PARTY SECURITY BREACHES OR THE RESULTS THEREOF. SBC PROVIDES ACCESS TO THE INTERNET AND THE SBC NETWORK ON AN "AS IS" BASIS WITH ALL RISKS INHERENT IN SUCH ACCESS. BY CONNECTING TO THE SBC NETWORK, THE USER ACKNOWLEDGES THE RISKS ASSOCIATED WITH PUBLIC ACCESS TO THE INTERNET OR DOCUMENT PRINTING AND HEREBY RELEASES AND IDEMNIFIES SBC FROM ANY DAMAGES THAT MIGHT OCCUR.