

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 the 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 the 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:**

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- 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!

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All 16-year-old donors must have a completed parental consent completed prior to donation.

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 Claravis Zenatane	Amnesteem Myorisan Absorica Sotret	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	
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		Erivedge 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	

DONATION TIPS

Most donors have uneventful donations and most reactions, when they occur, are minor. Some people feel light-headed or dizzy.

APPLIED MUSCLE TENSION (AMT) EXERCISES

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, sex, first-time or repeat donor), AMT will facilitate your donation by giving you tools to prevent or control symptoms and therefore improve your donation experience.

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

DONATION PROCESS

REGISTRATION:

- We'll sign you in and go over basic eligibility.
- You'll be asked to show your ID, such as your driver's license.
- You'll read some information about donating blood.
- We'll ask you for your complete address.

HEALTH HISTORY:

- You'll answer a few questions about your health history and places you've traveled, during a private and confidential interview.
- You'll tell us about any prescription and/or over-the-counter medications that you may be taking.
- We'll check your temperature, pulse, blood pressure, and hemoglobin level.

YOUR DONATION:

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- If you're donating whole blood, we'll cleanse an area on your arm and insert a brand-new sterile needle for the blood draw. (This feels like a quick pinch and is over in seconds.)
- A whole blood donation takes about 8-10 minutes, during which you'll be seated comfortably or lying down.
- When approximately a pint of whole blood has been collected, the donation is complete, and a staff person will place a bandage on your arm.
- Other types of donations, such as platelets, are made using an apheresis machine.
- For platelets, the apheresis machine will collect a small amount of blood, remove the platelets, and return the rest of the blood through your other arm; this cycle will be repeated several times over about 2 hours.

REFRESHMENT AND RECOVERY:

- After donating blood, you'll have a snack and something to drink.
- After a short observation period you may leave and continue your normal routine.
- You'll get a Post-Donation Instructions card.
- Enjoy the feeling of accomplishment knowing you are helping to save lives.
- Take a selfie, or simply share your good deed with friends. It may inspire them to become blood donors.

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

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

PRE-DONATION INFORMATION ON IRON DEFICIENCY AND MAINTAINING IRON BALANCE

Thank you for coming to donate blood. Please read this before you donate.

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 and frequent donors of either gender, blood donation may remove most of the body's iron stores. We want you to understand these issues more clearly.

What happens to me during a blood donation?

Red blood cells are red because of the way iron is carried in hemoglobin, a protein that brings oxygen to the body. Therefore, the removal of red blood cells during blood donation also removes iron from your body. The impact of this iron loss on your health varies among donors.

How does blood donation affect iron stored in my body?

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. Many women have only a small amount of iron stored in their body, which is not enough to replace the red blood cells lost from even a single donation. Men have more iron stored in their body. However, men who donate blood often (more than two times per year) may also have low iron stores.

Does the blood center test for low iron stores in my body?

No, the blood center tests your hemoglobin but not your iron stores. Hemoglobin is a very poor predictor of iron stores. **You may have a normal amount of hemoglobin and be allowed to donate blood even though your body's iron stores are low.**

How may low iron stores affect me?

There are several possible symptoms associated with low iron stores. These include fatigue, decreased exercise capacity, and pica (a craving to chew things such as ice or chalk). In addition, having low iron stores may increase the possibility of having a low hemoglobin test, preventing blood donation.

What can I do to maintain my iron stores?

While eating a well-balanced diet is important for all donors, simply eating iron-rich foods **may not** replace all the iron lost from blood donation. Taking multivitamins with iron or iron supplements either prescribed or over the counter (from a drugstore) may help replace iron lost. Iron supplements vary in name and proportion of iron within the tablet/caplet. The most effective dose, type of iron supplement, and length of treatment are currently being studied. Current recommendations range from one typical multivitamin with iron (19 mg iron) to elemental iron caplets (45 mg iron) for six weeks to three months. Your physician or pharmacist may be able to assist you in deciding what dose, type, and duration of iron supplement to choose.

Why doesn't a single big dose of iron replace what I lose during the donation?

Because people have a limit in iron absorption, taking iron in larger doses for a shorter period may not lead to better absorption (and may result in more side effects). The overall goal is to replace, over 1 to 3 months, 200-250 mg of iron lost during donation.

Where can I get additional information?

For additional information, visit: www.anemia.org