

What You Must Know Before Giving Blood

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.

Knowing What to Expect

Most people have uneventful donations and feel good about donating afterward, but some donors may have a lightheaded or dizzy feeling; an upset stomach; a black and blue mark, redness, or pain from the needle; fainting or loss of consciousness and injury from related falls; or very rarely, nerve or artery damage. Blood donation removes iron from the body and may cause or aggravate iron-deficiency anemia.

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 travelled 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 (for example, 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.

What You Must Know Before Giving Blood

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 you...**
 - 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 or 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 you...**
 - 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 or other infections.
- If your donation might harm the patient who receives your blood.

We maintain a confidential list of people who may be at risk for spreading transfusion-transmitted diseases. By continuing this process, you consent to be entered in this confidential list of deferred donors if you are at risk for spreading such diseases. When required, we report donor information, including test results, to health departments, military medical commands, and regulatory agencies. Donation information may also be used confidentially for research related to blood safety.

Contact

We may contact you at any phone number or email address you provide, including by automated telephone call or text, regarding your blood donation, future blood donations, and other opportunities to support the American Red Cross mission. You may choose not to provide a particular phone number or email address if you do not want us to use it for these purposes.

Information We Verify with You

We will ask you to confirm information that we have in your computer record to ensure we have the most updated information. You will be asked to confirm all of your demographic information, including your gender. This will ensure that the information we have is current and correct.

Questions? Please call us at 1-800-RED-CROSS (1-800-733-2767)

THANK YOU FOR DONATING BLOOD TODAY!



Possible Use of Donor Information and Blood Samples in Medical Research



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The American Red Cross mission is to provide a safe and effective blood supply.

As part of this mission,

the American Red Cross may conduct research.

We conduct some research with other institutions, such as academic centers, government agencies, and biomedical companies. Research is an important aspect of our commitment to donor and recipient safety.

How might your blood or information be used in medical research?

We may store and use a portion of your blood or information collected at the time of donation for research studies. Some examples of the types of research are studies related to

- Testing, storing, collecting, or processing blood
- Ways to recruit blood donors or evaluate donor eligibility or contributions to public health

You will not receive any direct benefit from any research. It is possible that the research may benefit commercial interests. Blood components not needed by patients may be provided to institutions for medical or scientific research. You will not be notified as to the use of your blood or donor information when it is used for research.

How is your confidentiality protected when your blood or information is used in research?

- Research participation will not involve any cost, time, or additional procedures beyond the normal donation process. The risk of the research use of your sample or information is loss of confidentiality. Protections are in place to minimize this risk.
- Samples used by researchers are coded. Only authorized Red Cross personnel can link coded samples to a donor's identifying information.

The Red Cross does not share your identifying information with other entities, except as required by law and in limited circumstances with research partners who are bound by strict privacy and data protection requirements. An independent committee (the Institutional Review Board [IRB]) approves all American Red Cross research using donor samples or information. The IRB is government regulated and is established to protect your rights and welfare.

How might your sample be tested, and will you be informed of results?

- We may use samples linked to your identifying information for infectious disease testing to provide a safe blood supply.
- We will notify you in person, by phone, by letter, or electronically about any test results that are identified to you and that may impact your health, and we may invite you to participate in a follow-up study.

What will happen if your sample or information is stored?

- Your donor information, blood, and blood sample may be stored and made available for future research use indefinitely.
- Your identified sample and information will not be used for research unrelated to donor safety, blood safety and/or blood product efficacy, and contributions to public health without your consent.
- If your sample is stored, only authorized Red Cross personnel can link it to your identifying information.

What are your rights?

- If you decide that you do not want your donation to be used for research, you will not be able to donate today. It is very important to include blood donors and their donations in possible research studies to continue to provide a safe and effective blood supply.
- Participation in research is voluntary.
- You can discontinue participation at any time up until the start of blood collection. Your decision to not participate will not change your future relationship with the blood center.
- If you have questions about the storage and use of your sample or information or you decide that you do not want your sample or information to be stored for research, contact the Scientific Support Office at (866) 771-5534. However, test information collected before your withdrawal may still be used after your withdrawal.

How to obtain more information

If you have questions about your rights as a research participant, or if you need to report potential harm related to research, call the American Red Cross Institutional Review Board administrator at (877) 738-0856.



HOPE begins with you.

A Student's Guide to Blood Donation

Why Should I Give Blood?

Because you can make a difference!

Almost everyone during their life will know someone who needs a blood transfusion. They may be car accident or trauma victims, cancer or transplant patients, or people with sickle cell disease or other blood disorders. There is no substitute and still only one source of blood for transfusion—volunteer blood donors.

This guide will provide you with information about measures you can take before, during, and after donation for a good experience.

Learning more about blood donation and knowing what to expect should improve your donation experience.

What Happens During the Blood Donation Process?

1. Registration

- Remember to bring your ID, and if required, the signed parental consent form.
- Bring the names of medications that you are taking.
- Bring a list of the places you have traveled outside the U.S. and Canada in the last 12 months.
- Read the educational materials about donating whole blood or apheresis.
- Ask Red Cross staff if you have questions.

2. Health History and Mini-Physical

- You should feel healthy and well, and meet other criteria.
- We will take your temperature, check your blood count, and measure your blood pressure and pulse.
- We will ask you questions during a private and confidential interview. This protects your health and the safety of patients who receive blood transfusions.

3. Donation

- We will cleanse an area of your arm and insert a needle to draw whole blood.
- You can relax, listen to music, talk to other donors, or read while the blood is collected.
- After the collection, a staff member will remove the needle and place a bandage on your arm.

4. Refreshments

- You should spend 15 minutes or more enjoying refreshments in the refreshment area.
- If you become dizzy or lightheaded, stay in the refreshment area and tell a staff member immediately.

What Should I Do to Prepare?

Before Donation

Sleep: Get at least 8 hours of sleep the night before your donation.

Eat: Eat a healthy breakfast or lunch—both if your appointment is later in the day.

- Don't skip meals on the day of a donation.
- Make healthy food choices. Eat proteins (lean meat, cheese, and yogurt) or complex carbohydrates (bread, cereal, and fruit).
- Eat a well-balanced diet with plenty of foods that are rich in iron and vitamin C. Iron-rich foods include red meat, fish, poultry, beans, iron-fortified cereals, and raisins.

Drink: Drink a few extra glasses of water or fluids in the days before you donate. Start the day with a bottle of water or a glass of orange juice. If you drink water within 10-30 minutes before donation, you may be less likely to experience dizziness and lightheadedness.

During Donation

Most people relax during donation and feel fine afterwards. Sometimes it helps to think about something else to distract your attention from the blood being drawn.

You will receive some information on applied muscle tension (AMT). AMT is a simple technique consisting of cycles of repeated contraction and relaxation of the abdomen and legs. If you practice this technique during the donation, you may be less likely to have a reaction.

Tell Red Cross staff immediately what you are experiencing, and they will take care of you. There are ways to help prevent or limit discomfort with donation.

After Donation

Be sure to sit and relax in the refreshment area for 15 minutes or more and have a drink and a snack. Afterward, drink a few glasses of fluids to stay well hydrated.

Most donors have uneventful donations and feel good about donating. Some people may experience lightheadedness, dizziness, or an upset stomach that resolves soon after donation. Less commonly, a donor may faint after blood donation. If you feel faint, stop what you are doing and sit or lie down until you feel better.

Call the American Red Cross toll-free number provided to you after your donation if you have questions or concerns.



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Student Athletes

Student athletes should not do any heavy lifting or vigorous exercise for the rest of the day. You temporarily lose fluid after donation, which your body replaces within 24 hours or sooner if you drink extra fluids. As a precaution, do not donate blood on the same day of a competition or strenuous practice.

After a whole blood donation, your body replaces the red blood cells (the cells that deliver oxygen to muscles and tissues) within about 5 weeks, depending on nutrition and iron status. High-performance competitive athletes may notice a marginal decrease in exercise tolerance for about 1 week after a whole blood donation.

Plan ahead to best schedule your donation with sports and other activities.

Additional Information for Parents and Students

Parental permission is required for all donations by 16-year-olds and for donations by 17-year-olds as required by state law or sponsor. In order to provide informed consent, parents must go to <https://www.redcrossblood.org/donate-blood/how-to-donate/info-for-student-donors.html> and read “Possible Use of Donor Information and Blood Samples in Medical Research” and the research study sheets for your state. For those with no internet access, please call the Donor and Client Support Center at 1-866-236-3276 for information regarding research studies in your state.

It is recommended that females under the age of 19 not donate Red cell apheresis, also known as “power reds.” Red cell apheresis donations are limited to male donors under the age of 19.

When parental consent is required, we will need a signed consent form for each donation. Most donors have uneventful donations and do fine afterwards. Some donors may become lightheaded or dizzy during or after the donation or may faint or experience injury requiring additional medical care. Young, first-time, and low-weight donors are more likely to experience reactions than other donors.

Donating blood, particularly red cells, removes iron from the body. Healthy iron levels are important for overall health, physical and mental development, and help to maintain strength and energy. Low iron, also known as iron deficiency, may lead to health problems, including anemia (not enough red blood cells or hemoglobin). To help replace the iron lost by blood donation, we recommend taking a multivitamin with 18 mg of iron or iron supplement with 18-38 mg of elemental iron for 60 days after each whole blood donation and for 120 days after each red cell apheresis donation.

For more information about iron and healthy blood donation, please visit our website at <http://www.redcrossblood.org/iron>. If a donor chooses to take iron, we recommend that the donor tell their health care provider.

Every donation is tested for HIV (the virus that causes AIDS), the hepatitis B and hepatitis C viruses, and other infectious diseases. If any test result or response to a donor screening question suggests that the donor is disqualified from donating blood in the future or may have an infectious disease, their donor record will be marked accordingly. When required, we report donor information, including test results to health departments and regulatory agencies.

The infectious disease tests are very sensitive and specific, but it is possible that donors who are not infected will have false positive results. We are required to notify and disqualify donors even if subsequent test results indicate a donor is not infected.

Whole blood and red cell apheresis (power red) donors will also be tested for ferritin, a test for iron stores. Donors will be notified of ferritin test results outside our acceptable ranges.

We will communicate test results directly with the donor. We maintain the confidentiality of information we obtain about a donor and we will release a donor’s confidential information to his or her parents or guardian only with the donor’s consent.

We may use information or residual blood samples we collect from donors confidentially and anonymously for medical research. Examples of this type of research include studies to increase the safety of the blood supply.

If you have questions about blood donation, please contact the American Red Cross.

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...	any time in the last...
Anti-platelet 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		thalidomide	
	Revlimid		lenalidomide	
Rheumatoid arthritis	Rinvoq		upadacitinib	
Hair loss remedy	Propecia		finasteride	
Prostate symptoms	Proscar		finasteride	6 months
	Avodart		dutasteride	
	Jalyn			
Immunosuppressant	Cellcept		mycophenolate mofetil	6 weeks
Hepatitis exposure	Hepatitis B Immune Globulin		HBIG	3 months
HIV Prevention (also known as PrEP and 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
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				12 months

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

Some medications may affect donor eligibility for the following reasons:

Anti-platelet 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 (short-acting antiviral PrEP) or injections (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.

Information Sheet

Transfusion-Related Acute Lung Injury (TRALI)

TRALI is an acute complication following blood transfusion that is characterized by severe shortness of breath, often associated with fever and low blood pressure. Although rare, it is one of the most common causes of transfusion-related death. TRALI can occur rapidly after a blood transfusion and is often associated with the receipt of plasma or platelet products.

In order to maintain the safest possible blood supply for our patients, we need to reduce the risk of TRALI in the plasma and platelets we collect.

There is no specific test to identify blood products that will cause TRALI in a transfusion recipient. However, we do know that units of plasma or platelets that have caused a TRALI reaction in a transfusion recipient often contain antibodies to human leukocyte antigens (HLA). These antibodies are known as HLA antibodies and are on the white blood cell (leukocyte) surfaces. When women are exposed to their baby's blood during pregnancy and delivery, they may develop HLA antibodies. There is a direct relationship between pregnancy history and having a positive test for HLA antibodies.

The presence of these HLA antibodies in a healthy individual's blood does not cause health problems, and generally does not cause harm when transfused to patients. However, in rare cases, HLA antibodies may contribute to a TRALI reaction in a transfusion recipient.



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The need is constant.
The gratification is instant.
Give blood.™

We can reduce the chance that blood products—particularly plasma or platelet products—contain these HLA antibodies, and reduce the risk of a TRALI reaction in transfusion recipients by expanding the screening process for all female donors.

If you are a female donor, we will ask you how many pregnancies you have had. If you are donating apheresis, we will test a sample of your blood for HLA antibodies. This screening will be performed each time the number of pregnancies you have had changes.

If your test for HLA antibodies is negative

- You can continue to donate platelets and or plasma.

If your test for HLA antibodies is positive

- You will be notified by mail; the notification letter will not say anything about your pregnancy history. You will be asked to stop donating plasma or platelets by apheresis.
- You will be encouraged to help us in the future by donating red blood cells or by helping the Red Cross as a volunteer.

A positive test result does not affect your health. TRALI is a condition that only affects some blood recipients. It does not affect blood donors.

If you have any questions about this information, please ask the supervisor at your collection site.

If you are a regular donor and you have been pregnant in the past, please continue to donate on a regular schedule at this time. Not all individuals who have been pregnant develop HLA antibodies, and your help is needed to supply life-giving blood products to the patients who depend on us.

Important Information Regarding a Hepatitis A Outbreak

Thank you for coming in to donate today.

If you have been exposed to hepatitis A or advised to be vaccinated for hepatitis A because of an exposure at a restaurant or other food establishment, please do not donate today and refrain from donating for 4 months.

DO NOT DONATE TODAY.

- We regard you as having been exposed to a hepatitis A outbreak.
- Please wait for four months after you ate or drank at this location before coming again to donate.

For more information about a Hepatitis A outbreak and any precautions you need to take, please contact your local health department.



Fact Sheet: Check Your Race

Check your race during your health history today – and know you could be helping individuals with sickle cell disease and rare blood types.

Blood types can be specific to race.

Red blood cells carry markers called antigens on their surface that determine one's blood type. Most are one of the following categories: A, B, AB, and O. There are more than 600 known antigens, and some are unique to specific racial and ethnic groups. For example, many African Americans and people of African descent have rare blood types, such as types U negative and Duffy negative. Patients who have rare blood types or receive frequent blood transfusions need close blood type matches.

The Red Cross asks all donors to provide their race during the health history process. Selecting your race will notify our laboratories to conduct extra screening. The laboratories screen to determine if your blood donations can help people with sickle cell disease or rare blood types. The most compatible blood for patients with sickle cell disease or those with rare blood types often comes from donors of the same race or similar ethnicity.

Increasing the number of blood donors from all racial and ethnic groups is vital.

Blood that is closely matched between donor and patient can lower the risk of patients developing complications. This is especially important for those receiving ongoing blood transfusions. If a patient receives a transfusion that isn't an exact match to their blood type, they develop antibodies to the foreign antigens. If the patient receives another transfusion in the future with the same mismatch, it can be fatal. It is vital that our blood supply reflects the diversity of our population to best meet the needs of all. Blood donations are constantly needed to help people with complicated childbirths, those battling cancer, people with chronic health conditions such as sickle cell disease, those with traumatic injuries from accidents, and many more.

You can help the Red Cross provide the most compatible blood to help meet the needs of patients from all backgrounds.