

| Donor History Questionnaire–HPC, Cord Blood | Yes | No |
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| Are you | | |
| 1. Currently taking an antibiotic? | | |
| 2. Currently taking any other medication for an infection? | | |
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| Please read the Medication Deferral List. | | |
| 3. Are you now taking or have you ever taken any medications on the Medication List? | | |
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| 4. Have you read the educational materials? | | |
| | | |
| In the past 8 weeks have you | | |
| 5. Had any vaccinations or other shots? | | |
| | | |
| In the past 12 weeks have you | | |
| 6. Had contact with someone who had a smallpox vaccination? | | |
| | | |
| In the past 12 months have you | | |
| 7. Been told by a healthcare professional that you have West Nile Virus infection or any positive test for West Nile Virus? | | |
| 8. Had a blood transfusion? | | |
| 9. Come into contact with someone else’s blood? | | |
| 10. Had an accidental needle-stick? | | |
| 11. Had a transplant or graft from someone other than yourself, such as organ, bone marrow, stem cell, cornea, sclera, bone, skin, or other tissue? | | |
| 12. Had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus? | | |
| 13. Had sexual contact with a prostitute or anyone else who takes money or drugs or other payment for sex? | | |
| 14. Had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything <u>not</u> prescribed by their doctor? | | |
| 15. Had sexual contact with a male who has ever had sexual contact with another male? | | |
| 16. Had sexual contact with a person who has hepatitis? | | |
| 17. Lived with a person who has hepatitis? | | |
| 18. Had a tattoo? | | |
| 19. Had ear or body piercing? | | |
| 20. Had or been treated for syphilis or other sexually transmitted infections? | | |
| 21. Been in juvenile detention, lockup, jail, or prison for more than 72 hours? | | |
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| In the past three years have you | | |
| 22. Been outside the United States or Canada? | | |
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| In the past 5 years , have you | | |
| 23. Received money, drugs, or other payment for sex? | | |
| 24. Used needles to take drugs, steroids, or anything <u>not</u> prescribed by your doctor? | | |
| | | |
| From 1980 through 1996 , | | |
| 25. Did you spend time that adds up to three (3) months or more in the United Kingdom? (Review list of countries in the UK) | | |
| 26. Were you a member of the U.S. military, a civilian military employee, or a dependent of either a member of the U.S. military or civilian military employee? | | |
| | | |
| From 1980 to the present , did you | | |
| 27. Spend time that adds up to five (5) years or more in Europe? (Review list of countries in Europe.) | | |
| 28. Receive a transfusion of blood or blood components in the United Kingdom or France? (Review list of countries in the UK.) | | |
| | | |
| Have you EVER | | |
| 29. Had any positive test for the HIV/AIDS virus? | | |
| 30. Had hepatitis or any positive test for hepatitis? | | |
| 31. Had malaria? | | |
| 32. Had Chagas disease and/or any positive test for <i>T. cruzi</i> ? | | |
| 33. Had babesiosis? | | |
| 34. Received a dura mater (or brain covering) graft? | | |
| 35. Had sexual contact with anyone who was born in or lived in Africa? | | |
| 36. Been in Africa? | | |
| 37. Been diagnosed with any neurological disease? | | |
| 38. Had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an animal? | | |
| 39. Tested positive for HTLV, had adult T-cell leukemia, or had unexplained paraparesis (partial paralysis affecting the lower limbs)? | | |
| | | |
| 40. Has your sexual partner or a member of your household ever had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an animal? | | |
| 41. Have any of your relatives, the baby's father or any of the baby's other relatives had Creutzfeldt-Jakob disease? | | |
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| Additional Questions | Yes | No |
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| May 2018 Final Guidance “Donor Screening Recommendations to Reduce the Risk of Transmission of Zika Virus by Human Cells, Tissues, and Cellular and Tissue-Based Products” | | |
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| At any point during the pregnancy have you | | |
| Zika Additional Question: 1. Had a medical diagnosis of a Zika virus infection? | | |
| Zika Additional Question: 2. Lived in or traveled to an area with an increased risk for Zika virus transmission? (Review the list of ZIKA virus areas of transmission) | | |
| Zika Additional Question: 3. Had sexual contact with a person who, in the 6 months prior to sexual contact , has had a Zika virus infection or lived in or traveled to an area with an increased risk for Zika virus transmission? | | |
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