

Blood Donor Educational Material

READ THIS BEFORE YOU DONATE!

We know that you would not donate unless you think your blood is safe. However, in order for us to assess all risks that may affect you or a patient receiving a transfusion, it is essential that you answer each question completely and accurately. If you don't understand a question, ask the blood center staff. All information you provide is confidential.

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

- Ask about your health and travel
- Ask about medicines you are taking or have taken
- Ask about your risk for infections that can be transmitted by blood – especially AIDS and viral hepatitis
- Take your blood pressure, temperature and pulse
- Take a blood sample to be sure your blood count is acceptable

Travel to or birth in other countries

Blood donor tests may not be available for some infections that are found only in certain countries. If you were born in, have lived in, or visited certain countries, you may not be eligible to 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 new, sterile, disposable needle to collect your blood

WHAT HAPPENS AFTER YOUR DONATION?

To protect patients, your blood is tested for several types of hepatitis, HIV, syphilis, and other infections. If your blood tests positive, it will not be given to a patient. There are times when your blood is not tested. If this occurs, you may not receive any notification. You will be notified about any positive test result which may disqualify you from donating in the future. 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 diseases, such as AIDS and hepatitis, can be spread through sexual contact and enter your bloodstream. We will ask specific questions about sexual contact.

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, and apply to any of the activities below, whether or not a condom or other protection was used:

- 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)

HIV/AIDS risk behaviors

HIV is the virus that causes AIDS. It is spread mainly by sexual contact with an infected person OR by sharing needles or syringes used by an infected person for injecting drugs.

Do not donate if you:

- Have ever had HIV/AIDS or have ever had a positive test for the HIV/AIDS virus
- Have used needles to take any drugs not prescribed by your doctor **IN THE PAST 3 MONTHS**
- Have taken money, drugs or other payment for sex **IN THE PAST 3 MONTHS**
- Have had sexual contact **IN THE PAST 3 MONTHS** with anyone who has ever had HIV/AIDS or has ever had a positive test for the HIV/AIDS virus, ever taken money, drugs or other payment for sex, or ever used needles to take any drugs not prescribed by their doctor
- Are a male who has had sexual contact with another male, **IN THE PAST 3 MONTHS**
- Are a female who has had sexual contact **IN THE PAST 3 MONTHS** with a male who has had sexual contact with another male **IN THE PAST 3 MONTHS**
- Have had syphilis or gonorrhea **IN THE PAST 3 MONTHS**
- Have been in juvenile detention, lockup, jail or prison for 72 or more consecutive hours **IN THE PAST 12 MONTHS**
- Have a history of Ebola virus infection or disease

Do not donate to get a test! If you think you may be at risk for HIV/AIDS or any other infection, do not donate simply to get a test. Ask us where you can be tested outside the blood center.

Do not donate if you have these symptoms which can be present before an HIV test turns positive:

- Fever
- Enlarged lymph glands
- Sore throat
- Rash

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

IMPORTANT NEW INFORMATION

DO NOT DONATE if you:

- **Are taking any medication to prevent HIV infection these medications may be known by you under the following names: PrEP, PEP, TRUVADA, or DESCOVY.**
- **Have taken such a medication in the past 3 months.**
- **Have EVER taken any medication to treat HIV infection.**

DO NOT donate if your donation might harm the patient who receives the transfusion.

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

THANK YOU FOR DONATING BLOOD TODAY!

AdventHealth Blood Center
2566 Lee Road, Winter Park, FL 32789

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 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:

- 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

Medication Deferral List

AdventHealth Blood Center
2566 Lee Road, Winter Park, FL 32789

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 |
| Acne treatment | Accutane | isotretinoin | 1 Month |
| | Amnesteem | | |
| Multiple myeloma | Myorisan | thalidomide | |
| | Sotret | | |
| Rheumatoid arthritis | Zenatane | upadacitinib | |
| | Absorica | | |
| Hair loss remedy | Claravis | finasteride | |
| | Propecia | | |
| Prostate symptoms | Proscar | dutasteride | |
| | Avodart | | |
| Immunosuppressant | Jalyn | mycophenolate mofetil | |
| | Cellcept | | |
| HIV Prevention (PrEP and PEP) | Truvada, Descovy, Tivicay, Isentress | tenofovir, emtricitabine, dolutegravir, raltegravir | 6 Weeks |
| Basal cell skin cancer | Eriveg, Odomzo | vismodegib | 24 Months |
| | | sonidegib | |
| Relapsing multiple sclerosis | Aubagio | teriflunomide | |
| Rheumatoid arthritis | Arava | leflunomide | |
| Hepatitis exposure | Hepatitis B Immune Globulin | HBIG | 12 months |
| Experimental Medication or Unlicensed (Experimental) Vaccine | | | |
| Psoriasis | Soriatane | acitretin | 36 Months |
| | Tegison | etretinate | |
| HIV treatment also known as antiretroviral therapy (ART) | | | Ever |

Medication Deferral List

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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 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), 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 medicines as a prevention method for people who are HIV negative and at high risk of HIV infection.

PEP or post-exposure prophylaxis is a short-term treatment started as soon as possible after a high-risk exposure to HIV to reduce the risk of infection.

ART or antiretroviral therapy is the daily use of a combination of HIV medicines (called an HIV regimen) to treat HIV infection.

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 medication or unlicensed (experimental) vaccine is usually associated with a research study, and the effect on the safety of transfused blood is unknown.

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

Prepared by the AABB Intraorganizational Task Force on Donor Hemoglobin Deferrals