

DEPMEDS LABORATORY PROCEDURES
DEPARTMENT OF CLINICAL SUPPORT SERVICES
U.S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL
FORT SAM HOUSTON, TEXAS 78234-6137

MCCS-HCL STANDING OPERATING PROCEDURE 01 November 01

BLOOD DONOR SCREENING USING DD FORM 572

1. PURPOSE:

To outline policies and procedures that must be followed when screening blood donors for collections at Echelon III and IV hospitals during wartime or contingency operations.

2. GENERAL:

- a. Demographic information which may be used to identify blood donors must be recorded and verified during the time of each donation. Donor suitability must be determined on the day of collection by utilizing the donor medical history and limited physical examination. This information is required by the AABB and the FDA and must be retained indefinitely.
- b. After Section II of the Blood Donation Record form is completed by the donor, a limited physical examination is performed and a confidential review and interview is conducted to determine donor eligibility. The confidential interview will include asking HIV high risk behavior questions currently identified by the FDA. An explanation for each question marked "YES" (except for questions 30, 48 and 49) or left unanswered will be written in the Section V, DONOR HISTORY COMMENTS/DONOR REACTION COMMENTS area of DD Form 572.
- c. DD Form 572 is a key document in this donor screening process.

3. SPECIMEN: N/A.

4. MATERIALS AND EQUIPMENT:

- a. Donor informational literature.
- b. DD Form 572.

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- c. Pens.

- 5. QUALITY CONTROL: N/A.

- 6. PROCEDURE:
 - a. SECTION I: TO BE COMPLETED BY BLOOD DONOR CENTER PERSONNEL.
 - (1) The following should be preprinted on the top portion of the DD Form 572 by printing, overprinting, stamping or handwriting:
 - (a) DONOR CENTER TELEPHONE: The commercial area code and phone number of the blood collection facility.
 - (b) DONATION FACILITY: The blood collection facility's name and address.

 - b. SECTION II: TO BE COMPLETED BY THE DONOR:
 - (1) TODAY'S DATE: The medical history form must be completed on the date of donation. The donation date should be entered here.

 - (2) DONOR SSN: Social Security Number of the donor. Verify the accuracy and legibility of the donor's social security number.

 - (2) DONOR FAMILY MEMBER PREFIX (FMP)/SPONSOR SSN: A donor who is a family member of an active duty or retired military individual is registered in the military system under their family member prefix (FMP) and sponsor's SSN. Ensure that appropriate FMP and sponsor SSN are entered. FMPs commonly seen are:

Active Duty Member or Retired Military Member	20
Spouse of Sponsor	30
First Child of Sponsor	01
Second Child of Sponsor	02
Next Child	03, 04, 05, 06, etc
Civilian, not related to a military sponsor	00

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- (4) NAME: Ensure name entered is legible.
 - (a) LAST.
 - (b) FIRST.
 - (c) MIDDLE INITIAL.

- (5) GRADE/RATE: Military or civilian grade. DEP for family member who is not employed by the federal government.

- (6) DATE OF BIRTH: The date of birth should be entered here. Use DD/MM/YY format if numbers are utilized exclusively, otherwise spelling of month will allow multiple acceptable formats.

- (7) AGE: Donors must be at least 17 years of age for routine donation. Donors under 17 may donate with written and signed consent of parent or guardian. If the person is on active duty, no special consent is required.

- (8) SEX: M = Male; F = Female.

- (9) ETHNIC ORIGIN: This is an optional field. Donors may write what they consider to be their ethnic origin. Persons of different ethnic origins may exhibit certain disease traits or genotypes that may assist in locating specific phenotypic blood units.

- (10) ABO/Rh: Donor's Blood Group and Type, if known.

- (11) DONOR CATEGORY: Circle the appropriate code. MIL: Military, active or reserve; DEP: Military Family Member; CIV: Civilian.

- (12) ADDRESS: Installation mailing address for active duty personnel or home address for reservists, dependents or civilians.

- (13) COUNTRY: Enter the country of residence if other than United States; if residence is United States, no entry is required. No entry or a line through will be equivalent to United States of America.

- (14) DUTY PHONE (include area code): Phone number where donor may be reached during the normal duty hours of the installation.

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- (15) HOME PHONE (include area code): Phone number where donor may be reached after normal duty hours. This phone number is particularly important for donors who are reservists on temporary duty or others who are not active duty military.
- (16) ORGANIZATION: Military or federal organization at which the donor is employed. Military family members and civilian (non-federal employed) blood donors may leave this area blank.
- (17) STATION: The installation at which the person is employed.

NOTE: Areas 19 and 20 are for local blood bank use.

c. SECTION III: DONOR MEDICAL HISTORY: TO BE COMPLETED BY THE DONOR:

- (21) HAVE YOU EVER GIVEN BLOOD UNDER ANOTHER NAME OR SOCIAL SECURITY NUMBER?

This question is to cross-index previous records on donors who have had name changes or have donated under a different identification number. An example would be a donor who donated under the family prefix and sponsor's SSN instead of under his/her own SSN.

- (22) IN THE PAST 8 WEEKS, HAVE YOU GIVEN BLOOD, PLASMA OR PLATELETS?

The interval between whole blood donations will be no less than 56 days (8 weeks) for routine donors. A donor who has had a pheresis procedure performed will normally be eligible to donate a whole blood unit 48 hours following the completion of that pheresis procedure providing that all other donor criteria are met.

- (23) HAVE YOU EVER BEEN REFUSED AS A BLOOD DONOR OR TOLD NOT TO DONATE BLOOD?

Determine the reason for the prior rejection and if the reason still exists. Donors with recurring donor reactions or from whom blood has not been drawn successfully (repeated entry failures or short draws) may be considered for deferral.

(24) HAVE YOU EVER HAD CHEST PAIN, HEART DISEASE OR LUNG DISEASE?

- (a) Donors who experience unexplained chest pain are deferred. Chest pain due to strenuous exercise is NOT cause for deferral.
- (b) Heart disease which affects physical activity is cause for deferral. Rheumatic heart disease or coronary disease which has resulted in permanent damage or chronic problems of the heart muscle is cause for permanent deferral. A single episode of rheumatic fever, pericarditis, or heart murmur does not automatically disqualify a donor.
- (c) Active tuberculosis is cause for deferral. Prophylactic INH therapy for a positive TINE test with a negative chest X-RAY is NOT cause for deferral.
- (d) Donors with asymptomatic asthma may donate. Donors with other chronic lung conditions should be permanently deferred.

(25) HAVE YOU EVER HAD CANCER, A BLOOD DISEASE OR A BLEEDING PROBLEM?

- (a) Donors with diagnosed leukemia, lymphomas or malignancies which may metastasize are to be permanently deferred. Donors with histologically proven melanomas should be permanently deferred because of the possibility of the tumor recurring later after removal and potentially be transmissible in rare instances.
- (b) Donors with signs or symptoms of Kaposi Sarcoma are permanently deferred.
- (c) Minor skin cancer (defined as basal cell carcinoma or squamous cell carcinoma, but NOT melanoma), adenomatous polyps of the colon with cancer in situ, or squamous carcinoma in situ of the uterine cervix which have been surgically treated without recurrence are

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NOT causes for permanent deferral. Most benign tumors, if clinically documented, localized and creating no disturbing symptoms or effects are NOT causes for deferral.

- (d) History of utilizing Factor VIII (AHF) concentrates or Factor IX complexes is cause for permanent deferral.
- (26) HAVE YOU EVER HAD YELLOW JAUNDICE, LIVER DISEASE, HEPATITIS OR A POSITIVE TEST FOR HEPATITIS?
- (a) A donor will be deferred PERMANENTLY for a history of hepatitis or positive test for the following: Hepatitis B Surface Antigen, Hepatitis C Virus Antibody or a positive hepatitis test of unknown origin. Donors with a Hepatitis B Core Antibody test positive on two separate donations must be PERMANENTLY deferred. Donors with an ALT level more than twice the highest acceptable value on one occasion or above (but less than twice) the highest acceptable value for blood release on more than one occasion will be PERMANENTLY deferred.
 - (b) Permanently defer a donor if previous blood donation was the only unit of blood or component given to a patient who developed post transfusion associated hepatitis.
 - (c) Donors with a history of unexplained yellow jaundice after infancy are permanently deferred unless the jaundice occurred before the age 11.
 - (d) Permanently defer any donor who has had clinical evidence of possible liver disease.
- (27) HAVE YOU EVER HAD CHAGAS DISEASE, BABESIOSIS OR LEISHMANIASIS?

The parasites of Chagas Disease, Babesiosis and Leishmaniasis may be transmitted by blood transfusions. Donors who have been diagnosed as having been parasitized by *Babesia microti*, *Trypanosoma cruzi*, and visceral *Leishmania* spp. must be permanently deferred.

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(28) HAVE YOU EVER BEEN GIVEN HUMAN GROWTH HORMONE?

Before 1986 pituitary growth hormone was of human origin and could transmit Creutzfeldt-Jakob disease. After 1985 the hormone was made from genetically altered bacteria. Permanently defer donors who have taken pituitary growth hormone of human origin.

(29) HAVE YOU EVER TAKEN TEGISON FOR PSORIASIS?

Permanently defer donors who have taken Etreinate (Tegison).

(30) ARE YOU FEELING WELL AND HEALTHY TODAY?

(a) Donors who have any condition that elicits a "NO" answer should NOT donate blood products and should wait until the disease or condition is resolved. Donors taking antibiotics should wait until the course of treatment is complete and no symptoms persist.

(b) The answer to this question should be YES.

(31) IN THE PAST 3 YEARS HAVE YOU BEEN OUTSIDE THE USA OR CANADA?

Travelers who are permanent residents of nonendemic countries, but have been in an area considered as a malaria endemic area, may be accepted as regular donors 6 months after return to the nonendemic area, providing they have been free of unexplained febrile illnesses and have not taken antimalarial drugs.

(32) IN THE PAST 3 YEARS HAVE YOU HAD MALARIA OR TAKEN ANTI-MALARIAL DRUGS?

(a) Prospective donors who have had malaria must be deferred for 3 years after becoming asymptomatic.

(b) Prospective donors who have taken antimalarial prophylaxis and have been in a malaria endemic area must be deferred for 3 years after cessation of therapy and after departure from the area, if they have been asymptomatic in the interim.

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- (c) Donors who have taken antimalarial prophylaxis and did not visit a malaria endemic area are eligible to donate.
- (33) IN THE PAST 12 MONTHS HAVE YOU BEEN UNDER A DOCTOR'S CARE OR HAD A MAJOR ILLNESS OR SURGERY?
- (a) Chronic conditions must be evaluated individually. High blood pressure controlled by medication, thyroid replacement therapy, and diabetes controlled by diet or oral agents are acceptable as long as other donation criteria are met.
 - (b) Donors who have had minor surgery with no blood transfusion may donate once they have had any sutures removed and have resumed normal activity. Note the type of surgery, surgical date and acceptance/deferral remarks in section V of the DD Form 572.
 - (c) Donors who have had a tooth extraction or oral surgery are deferred for 72 hours after the procedure.
 - (d) For the safety of the donor, persons with a history of epilepsy or seizures after childhood must be deferred. Donors who repeatedly faint while donating must be deferred for one year. A one-time fainting episode is usually not cause for deferral.
- (34) IN THE PAST 12 MONTHS HAVE YOU RECEIVED BLOOD OR HAD AN ORGAN OR TISSUE TRANSPLANT?
- (a) Donors who received allogeneic (homologous) blood must be deferred for 12 months after transfusion. Donors who received autologous blood only may donate once they have resumed normal activity.
 - (b) If the donor received any blood product or had an organ or tissue transplant, defer for 12 months .
- (35) IN THE PAST 12 MONTHS HAVE YOU HAD A TATTOO, EAR OR SKIN PIERCING, ACUPUNCTURE, OR AN ACCIDENTAL NEEDLE STICK?
- (a) All of the above may carry an increased risk of the transmission of the hepatitis virus or HIV. Clinical symptoms of hepatitis will

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normally be exhibited in an infected individual within 12 months. Defer any donor for 12 months after the procedure.

- (b) Ear or other body site piercing is not cause for deferral IF a sterile skin penetration occurs.

(36) IN THE PAST 12 MONTHS HAVE YOU HAD CLOSE CONTACT WITH A PERSON WITH YELLOW JAUNDICE, OR HEPATITIS, OR HAVE YOU BEEN GIVEN HEPATITIS B IMMUNE GLOBULIN (HBIG)?

- (a) Exposure is usually defined as close physical contact, living with (cohabitation), or sharing the same eating and sanitary facilities with someone who has or has had hepatitis in the past 12 months. These donors will be deferred for 12 months from the last contact. The type of contact that most hospital personnel encounter in their routine work is not usually considered close contact and is not usually cause for deferral.

- (b) A donor who has received immune globulin as a result of exposure to hepatitis must be deferred for 12 months after the administration of that immune globulin.

(37) IN THE PAST 12 MONTHS HAVE YOU BEEN GIVEN RABIES SHOTS?

Donors who have received rabies shots as a result of exposure to body fluids of an infected animal or an animal of unknown status must be deferred for 12 months following the exposure. Veterinarians and other staff receiving immunizations prophylactically are not deferred.

(38) IN THE PAST 12 MONTHS HAVE YOU HAD A POSITIVE TEST FOR SYPHILIS?

- (a) A confirmed positive test for syphilis indicates possible high risk behavior and donors must be deferred for 12 months following treatment.
- (b) Donors with a positive RPR test but have a negative confirmation test may be acceptable for donation. Documentation of negative confirmation testing must be maintained for these donors.

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(39) IN THE PAST 12 MONTHS HAVE YOU HAD OR BEEN TREATED FOR SYPHILIS OR GONORRHEA?

(a) Donors who have had an episode of venereal disease must be considered as being exposed to the hepatitis virus and/or HIV and are to be deferred for 12 months after treatment.

(b) Donors who are listed for sexually transmitted diseases on the donor deferral registry and who have had a positive confirmation test for that venereal disease are deferred for 12 months post treatment. Before reinstatement, the donor must present verification of completed treatment.

(40) IN THE PAST 12 MONTHS HAVE YOU GIVEN MONEY OR DRUGS TO ANYONE TO HAVE SEX WITH YOU?

Defer donors for 12 months from the date that they last gave money and/or drugs to someone for sex. Persons who have given others drugs or money for sex are practicing high risk behavior and have an increased risk of developing AIDS and other sexually transmitted diseases.

(41) FEMALE DONORS: IN THE PAST 6 WEEKS HAVE YOU BEEN PREGNANT OR ARE YOU PREGNANT NOW?

For males, answer NA (Not Applicable), line through that entry or leave blank. This is an acceptable blank entry if area #9 is answered as male. Females are deferred until 6 weeks after delivery or termination of pregnancy. If the donor received blood products, defer for 12 months after transfusion.

(42) IN THE PAST 4 WEEKS HAVE YOU HAD ANY SHOTS OR VACCINATIONS?

(a) ONE YEAR DEFERRAL: HBIG or Rabies following exposure (if for prophylactic immunization without exposure, donor is NOT deferred).

(b) ONE MONTH DEFERRAL: German measles (Rubella).

(c) TWO WEEK DEFERRAL: Smallpox, Sabin Polio (oral polio), Measles (Rubeola), Mumps, and Yellow Fever.

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- (d) NO DEFERRAL IF SYMPTOM FREE: Heptavax, Influenza, Tetanus, Diphtheria, Pertusis, Typhoid, Paratyphoid, Rocky Mountain Spotted Fever, Salk Polio, Plague, Rabies (prophylactic), gamma globulin (without exposure, prophylactic) and any toxoid preparation.
- (43) IN THE PAST 4 WEEKS HAVE YOU TAKEN ANY PILLS, MEDICATIONS, ACCUTANE, OR PROSCAR?
- (a) Determine the reason the donor is taking the medication. Deferral for most drugs is based on the nature of the disease process, not for the properties of the drug itself. The following are acceptable drugs and normally are NOT cause for deferral:
 - (b) TOPICAL STEROID PREPARATIONS for skin lesions/irritations not at the phlebotomy site.
 - (c) BLOOD PRESSURE MEDICATIONS taken successfully so that pressure is at or below allowable limits. The donor should be free of side effects and cardiovascular symptoms.
 - (d) ISONIAZID given for a positive skin test but without any evidence of active tuberculosis.
 - (e) DECONGESTANTS, EXPECTORANTS, COUGH SUPPRESSANTS, and BRONCHODILATORS (OVER THE COUNTER) used for minor colds and allergies.
 - (f) ORAL HYPOGLYCEMIC AGENTS in well controlled diabetics without any vascular complications.
 - (g) TRANQUILIZERS under most conditions. Donors using tranquilizers for the treatment of psychotic conditions must be deferred until treatment is complete.
 - (h) HYPNOTICS used at bedtime.
 - (i) OTHER MEDICATIONS -- oral contraceptives, mild analgesics, vitamins, minerals, replacement hormone, muscle relaxers, or weight reduction pills.

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- (j) TETRACYCLINES AND OTHER ANTIBIOTICS FOR ACNE are acceptable with the following EXCEPTIONS -- Donors taking Isotretinoin (Accutane) or Finasteride (Proscar) are deferred for one month after the last dose. Donors taking Etreinate (Tegison) are permanently deferred.

- (44) IN THE PAST 3 DAYS HAVE YOU TAKEN ASPIRIN OR ANYTHING THAT HAS ASPIRIN IN IT?

Aspirin or aspirin containing products depress platelet function. The platelet pack from these donor should be labeled to reflect that the platelet concentrate should not be the sole source of platelets. Plateletpheresis will not be performed on donors who have taken aspirin compounds or other platelet-affecting medications.

- (45) HAVE YOU EVER USED A NEEDLE, EVEN ONCE, TO TAKE ANY DRUG (INCLUDING STEROIDS)?

- (a) Permanently defer all donors with a history of intravenous drug abuse. Donors with a history of drug abuse involving injected drugs have an increased risk of contracting and transmitting, hepatitis, HIV, and/or HTLV-I/II.
- (b) Donors receiving injections prescribed by physicians and administered in a controlled environment may donate blood if all other donor criteria are met.

- (46) HAVE YOU HAD SEX, EVEN ONCE, WITH ANYONE WHO HAS EVER USED A NEEDLE, EVEN ONCE, TO TAKE ANY DRUG (INCLUDING STEROIDS)?

Persons who have had sex with any person who is a past or present intravenous drug user are deferred for 12 months.

- (47) IS YOUR REASON FOR DONATING BLOOD TO OBTAIN AN AIDS TEST?

- (a) Question the donor as to the reason for wishing an AIDS test. Defer the donor if high risk behavior is disclosed.
- (b) Blood donation is not an appropriate method of obtaining an HIV test. Phone numbers and locations where the donor may obtain a

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test should be readily available and may be included in the AIDS information material. The HIV test for blood donation may NOT be substituted for the testing requirements for the military.

- (48) DO YOU UNDERSTAND THAT IF YOU HAVE THE AIDS VIRUS YOU CAN GIVE IT TO SOMEONE ELSE, EVEN THOUGH YOU MAY FEEL WELL AND HAVE A NEGATIVE AIDS TEST?

Donors must understand the information provided concerning AIDS prior to donating. Interview each donor. Questions regarding high risk behavior will be asked to each donor. Review the AIDS information with any donor answering NO and allow the donor to decide, on the basis of the information, whether to change the answer to YES. If the answer remains NO, defer the donor.

- (49) HAVE YOU READ AND UNDERSTOOD ALL THE DONOR INFORMATION PRESENTED TO YOU AND HAVE ALL YOUR QUESTIONS BEEN ANSWERED?

Donor information should be written in clear and understandable format to include the definition of high-risk behavior and the importance of self-exclusion. Donors will not be allowed to donate until they have had the opportunity to read and understand the donor information presented. The answer to this question should be YES.

d. SECTION IV- (TO BE COMPLETED BY BLOOD DONOR CENTER PERSONNEL)

- (55) DEFERRAL LIST CHECKED BY:

Personnel checking the manual deferral printout or the computer deferral database will initial this area.

- (56) DONOR ID VERIFIED:

If donor does not have identification available to verify the SSN, donor center personnel may ask the donor to repeat his/her SSN to check the donor's response against the recorded SSN.

- (57) WEIGHT:

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Donor's weight in pounds (lbs). Donors must weigh 110 lbs for a routine donation of 405-495 mL of whole blood. See the appropriate SOP for possible variations which may apply to autologous or therapeutic blood donors.

(58) TEMP:

Donor's temperature must NOT exceed 99.5°F on the oral or earlobe thermometer. Defer donors with a temperature of 99.6°F or higher for 10 days or until the temperature has returned to normal limits.

(59) PULSE:

Donor's pulse rate must be 50-100 beats per minute and reveal no pathologic cardiac irregularity. Donors with a pulse rate less than 50 beats per minute should be questioned regarding exercise habits. People who exercise often may have a decreased pulse rate. Donors with an elevated rate or irregular pulse should be encouraged to seek medical evaluation and must be deferred for 10 days or until the pulse has returned to normal limits.

(60) B.P.(BLOOD PRESSURE):

The donor's blood pressure must be within normal limits. The systolic must not exceed 180 mm Hg and the diastolic must not exceed 100 mm Hg. Donors with elevated blood pressure should be encouraged to seek medical evaluation. Defer donors until the blood pressure is within normal limits.

(61) HB/HCT:(HEMOGLOBLIN, HEMATOCRIT)

Obtain a sample of blood by fingerstick, earlobe puncture, or venipuncture for hemoglobin or hematocrit determination prior to the blood donation. The donor's HB (hemoglobin) must be

≥ 12.5 grams per 100 mL of blood. The HCT must be
≥ 38% for routine donors. Defer donors with a low HB/HCT for 10 days or until hemoglobin/hematocrit returns to normal screening limits.

(62) GENERAL APPEARANCE:

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Circle appropriate response -- Sat = Satisfactory; Unsat =Unsatisfactory. Donors should appear to be in good health. Defer donors who are excessively nervous or appear ill or under the influence of a mind altering substance (alcohol or drugs).

(63) ARM CHECK:

Circle appropriate response -- Sat = Satisfactory; Unsat = Unsatisfactory. Inspect BOTH arms for evidence of skin punctures or scars indicative of possible drug abuse. The skin must be free of sores or rashes that may interfere with phlebotomy or contaminate the blood upon phlebotomy.

(64) DOES DONOR QUALIFY:

- (a) The interviewer must review Section II and Section III (area #55-#63), area #83, and area #84 to determine the donor's eligibility.
- (b) An explanation for each "YES" or blank question (except area # 30, 48, 49, and 41 for male donor) or any out of range value must be entered in Section V - DONOR MEDICAL HISTORY COMMENTS/ DONOR REACTION COMMENTS area. The interviewer/ reviewer must initial each comment entered.
- (c) Current FDA required questions on high risk behavior will be asked and documented as asked on the DD Form 572.

(65) BAG TYPE:

Circle the number which reflects the type of bag used. (1 = bag + 0 satellite bags; 2 = bag + 1 satellite bag; 3 = bag + 2 satellite bags; 4 = bag + 3 satellite bags; 5 = bag + 4 satellite bags).

(66) BAG LOT NUMBER: Record the blood bag lot number. If blood bank has previous records reflecting bag lot numbers against corresponding donation identification (unit) numbers, this area may be lined through or left blank.

(67) SEGMENT NUMBER: Enter the integral segment number.

When the blood collection bag is issued, the corresponding donation identification (unit) number must be placed on the area of the DD Form 572 for donation identification (unit) number. Verify that the donation identification (unit) number

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on the blood collection bag and satellites match the donation identification (unit) number on the DD 572.

(68) ANTICOAGULANT:

Circle the type of anticoagulant used. When using anticoagulant "OTHER" than CPDA-1, enter the anticoagulant.

(69) ALERT CODE:

If available at time of screening, enter the alert code for donor's with previous positive test reports who are still eligible to donate blood. If unavailable at time of screening, this area may be lined through or left blank.

(70) TOTAL DONATIONS: Total units donated by donor.

If available at time of screening, enter the total number of donations to include today's donation. If unavailable at time of screening, this area may be lined through or left blank.

(71) DONATION TYPE:

Circle the appropriate answer. (Allo = Allogeneic, Therap = Therapeutic, Aphere = Apheresis, Auto = Autologous, Direct = Designated/Directed) For "Auto", entries for areas #72 and #74 must be completed. For "Direct," entries for areas #72, #73, and #74 must be completed according to dictated policies on directed/designated blood request for the blood bank facility.

(72) DIRECTED DONATION RECIPIENT:

(a) Local policy within the blood bank facility, as determined by the Medical Director, will dictate procedures to be followed for directed/ designated blood request.

(b) For autologous donors, the autologous donor's name will be entered here

(73) FMP/SSN (DIRECTED ONLY): Medical record number of the intended recipient as dictated by policy of the Medical Director on directed/designated blood request.

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- (74) HOSPITAL TRANSFUSION SITE: Complete this area for autologous and directed donations for location and intended use date.
- (75) COMPUTER ENTRY BY: Person performing computer registrations. If computer system not in use, this area is lined through or left blank.
- (76) INTERVIEWER: Initials of the person performing the donor interview.
- (83) DONOR SIGNATURE:

The donor should understand all information provided on AIDS, the Privacy Act Statement, and the Statement of Consent. Any questions regarding the information provided should be answered before the donor signs the DD Form 572.

- (84) DATE SIGNED: The form must be completed and signed on the date of donation.

e.. CONFIDENTIAL - UNIT EXCLUSION:

Prior to a blood bag being issued to a donor, the donor is to read the instructions for Confidential Unit Exclusion. One of the bar codes is to be attached to the front of the form in the area designated with an "X CONFIDENTIAL UNIT EXCLUSION". The remaining bar code is removed and discarded by the donor.

Personnel issuing blood bags are to verify that the barcoded Confidential Unit Exclusion label is attached before issuing a blood bag. Once the blood bag information is recorded, detach the top portion of the form and give to the donor.

The selected barcoded Confidential Unit Exclusion applies only to the unit of blood collected from this current day's donation.

- (77) MEDICAL REVIEWER: Initials of the person reviewing the DD Form 572.

f. SECTION IV: TO BE COMPLETED BY PHLEBOTOMISTS:

- (78) START TIME: Enter the time phlebotomy begins. Use the 24 hour clock.
- (79) STOP TIME: Enter the time phlebotomy ends. Use the 24 hour clock. If the draw time is >10 minutes, write >10 in the area above the area designated for the donation identification (unit) number. This is to assist in

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preventing platelets, fresh frozen plasma, or cryoprecipitate being prepared from this unit.

- (80) PHLEBOTOMIST: Initials of the person performing phlebotomy.
- (81) DONATION STATUS: Circle the appropriate status as defined by the SOP covering the blood collection process.
 - (a) Complete.
 - (b) Unsuccessful.
 - (c) Incomplete.
 - (d) Overfill.
- (82) REACTION: Circle the appropriate donor condition/reaction during phlebotomy. Comment on all reactions other than "none" in section V of the DD Form 572

g. SECTION V: DONOR MEDICAL HISTORY COMMENTS/DONOR REACTION COMMENTS:

This area is to record information pertinent to the donor's medical history and for any donor reactions, the steps taken to treat the reaction and final disposition of the donor. Entries may be continued on back of DD Form 572 in Section V - Medical History Comments/Donor Reaction Comments (continued).

7. RESULTS: N/A.

8. PROCEDURAL NOTES:

Throughout the screening process, any answers requiring additional interpretation for acceptability beyond the scope of the screening staff should be referred to the Blood Bank Medical Director or designee for timely response.

9. LIMITATIONS:

Screening procedures will not ensure absolute safety to donors or subsequent patients, but by utilizing the screening procedures defined within this Blood Bank SOP, "Donor Screening Utilizing DD Form 572", military Blood Banks are able to provide the highest level of quality donor screening available at this time.

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10. REFERENCES:

- a. TM 8-227-3, AABB Technical Manual, Aug 1993.
- b. FM 8-70, Standards for Blood Banks and Transfusion Services, Nov 94.
- c. Code of Federal Register 21 FDA, Apr 94.