OK
LR

19 January 1983

TO: All Departments, Blood Centers, Physicians

FROM: Herbert A. Perkins, M.D.

SUBJECT: DONOR QUESTIONS TO PREVENT TRANSMISSION OF AIDS

The final recommendations of the AABB Advisory Committee have now arrived, and the questions to be asked of donors have been modified to comply with those recommendations. The following replaces the original memorandum of this subject dated January 7, 1983.

All prospective blood donors will be asked the following questions in addition to those indicated on the donor card. A "yes" answer to any of the following questions requires indefinite deferral of the donor after consultation with an Irwin physician.

NOTE: Please indicate refusal code 37 for any AIDS-related deferral.

The following questions must be added to the medical history effective immediately:

1) Have you had a fever that persists or that comes and goes over a long period of time?

2) Have you had night sweats (soaking the bed with sweating)?

3) Have you had unexpected weight loss of more than ten pounds in a few months?

4) Have you had enlargement of lymph nodes all over your body?

5) Have you had Kaposi's sarcoma (blue or purple spots on the skin--not bruises)?

6) Have you had AIDS or intimate contact with a person who has had AIDS?

HAP:fc

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270 MASONIC AVE., SAN FRANCISCO, CAL. 94118, TEL. 415/567-6400

14 April 1983

MEMORANDUM TO: All Departments and Centers

FROM: Herbert A. Perkins, M.D.

SUBJECT: Prevention of Transmission of AIDS

In compliance with FDA recommendations of March 24, 1983, our new donor history card will be supplemented by an information sheet for donors about AIDS. A copy of this information sheet must be given to each donor before he fills out the history card.

A copy of this information sheet is attached.

Also attached is a protocol which describes the use of the information sheet and history card as well as the procedure if blood is inadvertently collected from a donor who is suspected of having AIDS.

HAP:fc
Attachments

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AN IMPORTANT MESSAGE TO ALL BLOOD DONORS

What is AIDS?

AIDS, or Acquired Immune Deficiency Syndrome, is a condition which reduces the body's normal defense mechanism against certain diseases or conditions. As a result, patients often develop unusual infections such as pneumocystis pneumonia or a rare form of skin cancer called Kaposi's sarcoma. There is no known cause, preventative measure, laboratory test or treatment for AIDS.

Who is at Risk?

The disease thus far occurred primarily among:

- intravenous (past or present) drug abusers
- Haitian entrants to the United States
- homosexually active men

Symptoms which have occurred in groups at high risk for AIDS include:

- recurring fever over a long period of time
- heavy nightsweats
- unexpected weight loss of 10 lbs or more in a short time
- enlargement of glands throughout the body

Also at risk are those who have had:

- intimate contact with an AIDS patient
- multiple sex partners from any of the high-risk groups

What does AIDS have to do with Giving Blood?

While no final conclusions have been drawn about how AIDS is transmitted, a few medical cases under investigation suggest a possible link between blood transfusions and the transmission of AIDS.

How Can I Help?

The Irwin Memorial Blood Bank is responding to the concern about the spread of this disease by screening out prospective donors who may be at high risk for AIDS. You can do your part by voluntarily refraining from donating at this time if you believe you belong in any of the currently identified high-risk groups. Although the

overwhelming majority of people belonging to these high-risk groups are not AIDS carriers, blood banks must defer everyone who categorizes himself or herself in any of the high-risk groups because there is presently no mechanism to identify those few who may be at risk.

Thank you for taking the time and effort to volunteer yourself as a blood donor. We hope that all donors will recognize the necessity of the voluntary screening procedures which we have instituted.

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PROTOCOL FOR AIDS

1. Registrar

   a. Hand donor "Information about AIDS" when you give donor the self-history card (samples attached).

   b. Instruct donor to read the information sheet before filling out the history card.

2. Nurse

   a. If donor checks "yes" for question 45, defer donor indefinitely without further questions (code 37).

   b. If donor has questions, the following interpretive remarks may be helpful:

      1. The term "homosexually active" includes bisexual males.

      2. Residence in Haiti: Emigrants from Haiti within the past three years must be deferred indefinitely.

      3. Recurring fever over a long period of time:

         a. "Long period" means more than two weeks.

         b. Refer to blood bank physician for evaluation.

      4. Heavy night sweats:

         a. "Heavy" means soaking the bedclothes to the point where one should get up and change them.

         b. Donor may be accepted if:

            1) There are no other risk factors for AIDS, and
            2) It has happened only once or twice, and
            3) The donor believes it could be explained by too many bedcovers.

         c. Refer to blood bank physician if in doubt.

5. Unexpected weight loss of 10 lbs or more:
Refer to blood bank physician for evaluation.

6. Enlargement of glands throughout body:
Refer to blood bank physician for evaluation.

7. Kaposi's sarcoma:

   a. Suspect with pink or purple flat or raised blotches or bumps occurring anywhere on skin or mucous membranes.

   b. Refer any possible case to a blood bank physician.

8. Intimate contact with an AIDS patient:

   a. "Intimate" means close physical contact of a sexual nature.

   b. The following are not "intimate contact":

      1) Living in same house.
      2) Eating food prepared by the suspect.
      3) Working in the same office.
      4) Bedside nursing of a patient with AIDS.
      5) Laboratory testing of blood from a patient with AIDS.

   c. Direct contact between patient's blood or secretions and prospective donor's blood is ground for indefinite deferral, e.g.:

      1) Needle puncture with needle from AIDS patient.
      2) Glass cut with tube of blood from AIDS patient.
      3) Patient blood contact with open wound on technologist's or nurse's skin.

9. Multiple sex partners from any of the high-risk groups listed above:

   a. The key point is not the number of partners but limitation for at least two years to partners whose current state of health is known to be devoid of signs and symptoms suggestive of AIDS or a precursor syndrome.

   b. The partner must have similar limitation of his sex contacts.

   c. In general, only males living a monogamous existence with a monogamous partner for at least two years will be able to meet these criteria.

3. Inadvertent Collection of Blood from Donor Known or Suspected to have AIDS

a. The procedure follows that established for the situation where a donor develops hepatitis following a donation.

b. The blood-bank employee receiving the information will record it on a Donor Medical Report and will immediately take that form to a Laboratory supervisor.

c. The Laboratory supervisor will immediately determine the components made from the recent donation and their current location.

1) Components made from all previous donations within two years of the onset of symptoms of AIDS will also be identified.

2) If any components have been sent to a hospital and are not yet identified as transfused, the Laboratory supervisor will telephone the hospital transfusion service and instruct the responding technologist to return the components.

a) Note on the Donor Medical Report form the date, time and name of technologist notified.

3) The recovered components from these donors should be regarded as potentially highly infectious.

a) Each should be sealed into a polythene outer bag.

b) A prominent label saying "AIDS" shall be placed on bag.

c) The bags shall then be incinerated.

d) If there is doubt about the evidence and time is needed for further investigation, the sealed components may be stored temporarily in the refrigerator reserved for components with possible hepatitis virus.

4) Forward the Donor Medical Report and Donor History Card to a blood bank physician.

d. If any components were sent to a plasma processor:

1) The Laboratory supervisor will telephone the processor and notify the person responding of the occurrence of AIDS and the lot number which includes the component.

2) Record on the Donor Medical History the date and time of the conversation and the name of the person to whom the information was given.

3) Confirm with a letter.

e. If the component has been transfused, a blood bank physician will telephone a physician at the hospital transfusion service.

1) Notify that physician that a patient in his hospital received a blood component from a donor who is subsequently reported to have developed AIDS.

2) Recommend that he notify the personal physician of that recipient.

3) Recommend that any decision to notify the patient take into account the following facts:

a) There is no proof that AIDS can be transmitted by blood transfusion.

b) If AIDS can be transmitted by blood transfusion, current evidence suggests that this occurs at an extremely low frequency.

c) No preventative therapy is available.

d) Notifying the recipient has the potential for creating great anxiety.

4) Record the date and the name of the physician notified on the Donor Medical Report.

f. The blood bank physician is responsible for making appropriate notations regarding the donor's eligibility on the Donor Medical History Card. He then forwards the Donor Medical Report and the Donor Medical History Card to Donor Services.

g. Donor Services

1) Be sure that Donor History Card is prominently stamped for permanent refusal.

2) Send copy of Donor History Card and Donor Medical Report to Data Processing.

3) Send original Donor History Card to File Room for filing.

4) Retain original of Donor Medical Report for one year.

h. Data Processing

1) Change computer record of donor to indicate permanent ineligibility.

implemented 4-7-83

DONOR: PLEASE ANSWER QUESTIONS 25-45

1. LAST NAME	FIRST NAME	2. B.G.	3. ID	4. BLOOD NO.
5. STREET ADDRESS	APT	6. DOB	7. AGE	8. RACE	9. M F	10. DOD
11. CITY	STATE	ZIP	CTY	12. OCCUPATION	13. L 12 MO	14. DLD
15. CREDIT	16. HP( )	17. BP( )	EXT	18. TD	19. TP	20. FLAG
RECIPIENT	21. NC NCC	22. CALL	23. SDC	24. REG MED REC		

	YES	NO		YES	NO
25. Ever had yellow jaundice, liver disease, hepatitis, or positive blood test for hepatitis?			35. Ever had blood disease or cancer?		
26. Ever taken self-injected drugs?			36. Any acute or chronic illnesses such as TB, Q-fever or relapsing fever?		
27. Been exposed to anyone with yellow jaundice or hepatitis in the past 6 months?			37. Ever had a venereal disease?		
28. Ever received blood or plasma transfusions or blood injections?			38. Ever had heart, lung or kidney disease, chest pain or shortness of breath		
29. Received hepatitis B immune globulin or any inoculations or vaccinations past 12 months?			39. Ever had convulsions, seizures or fainting spells?		
30. Tattoos, ears pierced, acupuncture or other skin piercing past 6 months?			40. Taken medications in past week or aspirin in past 24 hours?		
31. Malaria or anti-malarial medication past 3 years?			41. Any known allergies?		
32. Outside of the United States past 3 years?			42. Had tooth pulled or mouth surgery in past 72 hours		
33. (Female) Been pregnant or pregnant now?			43. Are you feeling well today?		
34. Any serious illness or hospitalization in the past 6 months?			44. Ever been deferred as a blood donor?		

45. AIDS, a new disease of unknown cause, is characterized by abnormal functioning of the body's immune system. High risk groups for AIDS include:
- Intravenous drug users
- Haitian immigrants
- Homosexually active males

To assist in deferral of prospective donors who may be at high risk for AIDS, please indicate whether any of these conditions apply or have applied to you by answering yes or no below:
• Residency in Haiti • Recurring fever over a long period of time • Heavy nightsweats • Unexpected weight loss of 10 lbs or more in a short time • Enlargement of glands throughout body • Kaposi's Sarcoma • Intimate contact with an AIDS patient • Multiple sex partners from any of the high risk groups listed above

YES	NO

The medical history I have given is true and accurate to the best of my knowledge. I voluntarily donate my blood to the Irwin Memorial Blood Bank of the San Francisco Medical Society to be used as decided by the blood bank.

DONOR'S SIGNATURE

MEDICAL HISTORIAN

BLOOD REPORT

46. WT	47. HT	48. TEMP	49. PULSE	50. HGB	51. HCT	52. D.C. T P NED
53. BP	54. ARM CHECK	55. CPDA 1	ACD	HEP		
56. VP R L D B	57. VP SIG.	58. TIME	59. FAIL	60. BC		
61. REACTION: SL M SEV.	62. REMARKS:					

LAB REPORT

63. Apheresis donors: I consent to _____ pheresis on cel separator/manual. INITIAL

64. A B O AB	65. RH: P N
66. HbsAg: R NR	67. VDRL: R NR	68. Ab: P N
69. REMARKS:	

INITIAL

GRAPHIC DATA SYSTEMS – (415) 791-5241

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14 April 1983

John C. Petricciani, M.D.
Director
Office of Biologics HFN-800
National Center for Drugs & Biologics
8800 Rockville Pike
Bethesda, Maryland 20205

Dear Doctor Petricciani:

In compliance with FDA recommendations to decrease the risk of transmitting AIDS from blood donors, we have modified our procedure as follows:

1. A donor information sheet on AIDS (copy attached), modified from that developed by the AABB, is given to each donor before his medical history is taken.

2. The donor history card has been modified (copy attached) so that the donor can enter his own answers to the questions. Added to the previously used questions is an AIDS-related section requiring a single "yes" or "no."

3. The protocol for administration of this donor history card is attached. Included in this protocol is the procedure if blood is inadvertently collected from a donor known or suspected to have AIDS.

Sincerely,

HAP:fc
Enc.

Herbert A. Perkins, M.D.
Scientific Director

copy: William C. Hill
Food and Drug Administration
50 United Nations Plaza
San Francisco, California 94102

Administration

DEPARTMENT OF HEALTH & HUMAN SERVICE

Public Health Service

Food and Drug Administration
Bethesda, MD 20205

May 17, 1983

RECEIVED
MAY 24 1983

Mr. Brian P. McDonough
Irwin Memorial Blood Bank of
The San Francisco Medical Society
270 Masonic Avenue
San Francisco, CA 94118

Dear Mr. McDonough:

We have reviewed your modified procedure to decrease the risk of transmitting AIDS from blood donors, submitted April 14, 1983 by Herbert A. Perkins, M.D.

In reference to the AIDS statement added to the Donor History Card: Questions have been raised concerning the legality of requiring that a statement be signed by the donor and this approach is not encouraged by the FDA.

These procedures will be included in your product license file in the Office of Biologics.

Sincerely yours,

John Petricciani

John C. Petricciani, M.D.
Director
Office of Biologics
National Center for Drugs and Biologics

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MEMORANDUM TO: Directors of Hospital Clinical Laboratories
Chief Technologists of Clinical Laboratories

FROM: Herbert A. Perkins, M.D.
Scientific Director

SUBJECT: PREHOSPITAL DONATIONS FOR AUTOLOGOUS TRANSFUSION (UPDATE 6/27/83)

A general discussion of prehospital donations for autologous transfusion is attached. This is intended as an informational brochure for physicians. The present memorandum summarizes the responsibilities of the hospital transfusion service.

1. A supply of the form "Request for Autotransfusion" is attached. This form should be made available to physicians in your hospital who wish to have their patients donate blood at this blood bank for use during elective surgery within the 35 days following the first donation. The physician should complete the form and give it to the patient to bring with her/him when reporting to the blood bank for the first donation. The patient should call the nearest Irwin center for an appointment, being careful to state that the donation is for autotransfusion and that they will bring the order form from their physician.

2. If time does not permit further delay, the patient's physician may telephone the nearest Irwin center, ask to speak to a nurse, and provide the information so that the nurse can fill out the request form.

3. If a physician is not familiar with optimal numbers and times for donations for autotransfusion, he should call the blood bank and discuss the situation with a blood bank physician. Typically, 3 units are collected during the month preceding surgery at one week intervals.

4. Following completion of processing of each unit, it will be sent to the hospital transfusion service where it should be quarantined until needed by the patient or (if the donor is eligible*) released for the use of another patient.

5. Prior to releasing the unit for autotransfusion, the ABO and Rh type should be checked to minimize the possibility of clerical error. A compatibility test is optional. The transfusion records of autologous units should otherwise be identical to those required for homologous blood. Any suspected reaction to transfusion of autologous blood should be thoroughly investigated.

6. If the unit is released for the use of another patient, compatibility tests are mandatory.

* Irwin will label units:

(1) "FOR AUTOTRANSFUSION ONLY. MAY NOT BE USED BY OTHER RECIPIENTS", or

(2) "FOR AUTOTRANSFUSION. MAY BE USED BY OTHER RECIPIENTS."

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PREHOSPITAL DONATIONS FOR AUTOLOGOUS TRANSFUSION

Autologous transfusion is a procedure whereby the patient's own blood is used to meet his anticipated transfusion needs. The use of the patient's own blood eliminates many of the risks of blood transfusion and is the safest form of transfusion therapy. In particular, the risk of hepatitis or other disease transmission and adverse reactions due to blood group or plasma incompatibility are eliminated. In patients with rare blood types or complicated antibody problems, autologous blood may be the only means of providing compatible blood. Autotransfusion may be acceptable to some patients undergoing an elective surgical procedure who refuse blood transfusion for religious beliefs.

Numerous studies have confirmed the safety and practicality of predeposit autologous transfusions. Withdrawing red cells several weeks prior to the anticipated need can be done with safety, and multiple phlebotomies can be scheduled to meet the anticipated surgical needs. Blood collected in the routine CPDA-1 anticoagulant can be stored for 35 days at 4°C. Blood can also be frozen for autologous transfusion for periods up to three years, but this will be done only with prior approval of the blood bank Scientific Director or his designate. The processing of frozen red cells requires a large amount of extra time, storage space is expensive and limited, and additional costs have to be passed on to the patients. From suitable donors (persons who would otherwise qualify as a regular donor) blood may be released for general use if the need for autologous transfusion does not occur.

Physician Responsibility

Predeposit phlebotomy will be performed only on the request of the patient's physician. The form "REQUEST FOR AUTOTRANSFUSION" should be completed and given to the patient. A supply of request forms will be sent to hospitals or physicians on request. The patients should call the nearest Irwin center for an appointment, being careful to state that the donation is for autotransfusion and that they will bring the order form from their physician. If patients appear at a blood center without

the request for autotransfusion there is a significant possibility that their donation may be added to the routine blood supply rather than being reserved for them.

If time does not permit further delay, or if a donor reports to a blood center without a request for autotransfusion, the patient's physician may provide the order by telephone to an Irwin physician or nurse. He must provide the information required to fill all of the request form.

The patient's physician must take into consideration the medical risks of predeposit phlebotomy and must explain these risks to the patient. These risks pertain to the temporary decrease in the blood volume of the donor-patient, and a more prolonged reduction of red cell volume. The physician must decide if the patient can safely tolerate the planned reduction of his circulating red cell mass between phlebotomies and retranfusion, and the 450 ml reduction in his blood volume within the time required for the fluid and protein replacement from extravascular spaces. The donor-patient will respond to the phlebotomies with an increased rate of red cell production. This will be inhibited if adequate iron stores are not present; therefore, in most cases supplemental iron should be prescribed by the patient's physician. (e.g. ferrous sulfate, tab 1 t.i.d., p.c. for one month).

The blood bank physician will have the responsibility of determining the suitability of the patient for predeposit phlebotomy. He has the right to decide that phlebotomy is contraindicated even though requested by the patient's physician. If the donor is a poor medical risk and is not accepted for phlebotomy (or if the phlebotomy is unsuccessful), the blood bank will notify the patient's physician.

Criteria for Predeposit Phlebotomy

A. General: The candidate should be in sufficiently good health that the predeposit phlebotomy will not be unduly hazardous. Although the donor must in general meet the usual blood donor requirements, he need not be excluded for reasons designed to protect the recipient (i.e., a past history of hepatitis, cancer, malaria). Furthermore, the requirements designed to protect the donor may be modified if the indications for autotransfusion are strong.

B. Age: In principle, there is not an upper age limit for autologous transfusion procedures, and most patients suitable for surgical procedures will be suitable candidates for predeposit phlebotomy. However, the blood bank is not adjacent to the emergency resuscitative facilities of a general hospital, so some common sense must apply. In general, candidates

will be accepted until their 70th birthday, with the written consent of their personal physician and approval of the blood bank physician. Older candidates will be rejected if they appear at the blood bank unless the patient's physician has contacted the blood bank physician first and convinced him that the procedure is appropriate. Children under the age of 17 may be accepted if they have adequate veins, they are cooperative and the anticipated blood loss is less than 12% of their estimated blood volume.

C. Weight: Minimum 110 lb.

D. Pregnancy: Uncomplicated pregnancy is not a contraindication to predeposit phlebotomy.

E. Hematocrit level: The hematocrit prior to each phlebotomy must be at least 34%.

F. Frequency of Donation: Donations should be no more frequent than every three days, and the last donation must be at least three days before the anticipated surgery. Once the date of surgery and the number of units to be collected are decided by the patient's physician, the blood bank physician/nurse will schedule the phlebotomies to maximize the interval between donations and the interval between the last phlebotomy and the date of surgery. If surgery is delayed or cancelled, the blood bank must be notified immediately.

G. Predeposit Phlebotomy without Anticipated Surgery: In general, predeposit phlebotomy for autotransfusion will not be performed unless a surgical procedure has been scheduled. Patients with extremely rare blood groups or antibody problems which make compatible blood difficult to find can be considered for predeposit phlebotomy and frozen storage only with the approval of the blood bank Scientific Director or his designate.

Locations at Which Blood May Be Donated for Autotransfusion

Blood for autotransfusion should be donated, if at all possible, at one of the collection stations of this blood bank. Occasionally, patients who will have surgery in San Francisco live in an area which is not convenient to any of those locations. In such circumstances, it may be possible to arrange for the donations at another blood bank which will transfer the donated units to us. Blood may be collected for transfusion only in a licensed blood bank. If there is need to donate at a blood bank other than ours, advance permission to use that specific blood bank should be obtained by calling a blood bank physician. If the blood is collected at another blood bank, the policies of that blood bank will dictate whether or not the donor is acceptable.

Procedure for Retransfusion

Upon completion of processing, the blood bank will ship the predeposited units to the hospital transfusion service to hold for retransfusion to the patient. When two or more units are available, the oldest unit should be transfused first. If a unit is not transfused to the patient and the unit meets all criteria for homologous blood transfusion, the unit can be released for general use.* The patient will receive a credit for the donation. The hospital transfusion service should be notified as soon as possible that the unit is not required by the patient to maximize the availability of the unit before outdating.

* The units will be labeled either of two ways:

FOR AUTOTRANSFUSION
MAY BE USED BY OTHER RECIPIENTS

FOR AUTOTRANSFUSION ONLY
MAY NOT BE USED BY OTHER RECIPIENTS

At the time of transfusion, autologous blood should be handled in a similar manner to homologous blood. Because there is always the possiblity of clerical error, retyping should be performed. Compatibility testing is optional. This conforms with the latest AABB Standards. The donor's signature is on the autotransfusion tag for comparison. The transfusion records of autologous units should be identical to those required for homologous blood. Any suspected reaction to transfusion of autologous blood should be thoroughly investigated.

Although the use of predeposit phlebotomy and autologous transfusion minimize the hazards of blood transfusion, adverse reactions can still occur (bacterial contamination of the unit, circulatory overload, misidentifiaction of the unit). Unnecessary transfusions should be avoided; the adult patient who loses only one pint of blood does not need blood replacement.

HAP:ajm
June, 1983

AUTOTRANSFUSIONS - DONOR HISTORY

DONOR INTERVIEW

At each visit, the patient must be asked all of the questions required for routine blood donation. All abnormalties which might influence acceptance as a routine blood donor should be marked in red on the donor history card.

In general, the patient who is donating for himself should have a hemoglobin level of at least 11 gm/100 ml or a hematocrit of 34%. Blood should not be drawn from the patient-donor within 72 hours of the time of anticipated operation and transfusion requirement. Repeated phlebotomies should be separated by an interval of at least three days.

The appropriate special donor code (SDC) will be determined after medical history is completed (see SDC list at history desks).

PHLEBOTOMY

The phlebotomy nurse should collect the blood into a standard CPDA-1 double-pack if whole blood is requested. If the blood is safe for other recipients and whole blood has not been specifically requested, triple packs should be used.

PRIOR TO PHLEBOTOMY

a. The phlebotomy nurse should print the donor's name in the space provided on the appropriate label tag (Attachment B--may be used for other recipients: Attachment C-may not be used for other recipients (add "for frozen storage", if indicated). On the reverse side of the tag, the assigned blood number and expiration date are printed. The nurse will also print the hospital name and surgery date on the tag.

b. The donor will then be asked to sign the autotransfusion label and record his birthdate.

c. The nurse should secure the tag to the blood bag through the small hole at the top of the bag before accomplishing the venepuncture.

FOLLOWING PHLEBOTOMY

The unit of blood should be taken to the laboratory accompanied by a copy of the "REQUEST FOR AUTOTRANSFUSION" and given to a technologist.

If the donation is unsuccessful, notify the patient's physician.

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REQUEST FOR AUTOTRANSFUSION

Patient's Name _____
last first middle

Address _____
_____

Telephone _____

Medical History:

Age _____ Primary diagnosis:
Sex _____ _____

Previous serious illnesses:

General state of health:

Procedure planned _____
Hospital _____ Date scheduled _____

Number of units to be removed _____
Preferred dates of donation _____
Components requested _____

Physician's name _____
Address _____
_____
Telephone _____

Date of request _____ _____
Physician's Signature

ATTACHMENT B

FOR AUTOTRANSFUSION

DONOR NAME ----------
(PRINTED BY BLOOD BANK NURSE)

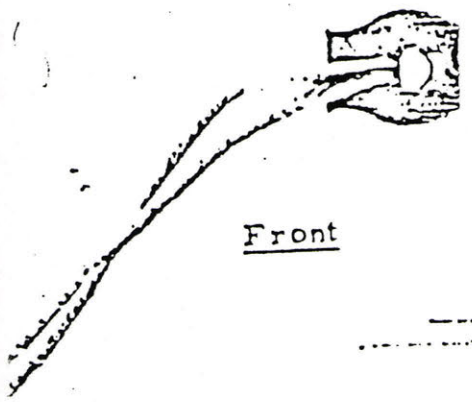
DONOR SIGNATURE ----------

DATE OF BIRTH ----------

HOSPITAL ------- SURGERY DATE------

MAY BE USED BY OTHER RECIPIENTS

Front



FOR AUTOTRANSFUSION

BLOOD NUMBER ----------

EXPIRATION DATE ----------

MAY BE USED BY OTHER RECIPIENTS

Back

ATTACHMENT C

FOR AUTOTRANSFUSION ONLY

DONOR NAME ----------
(PRINTED BY BLOOD BANK NURSE)

DONOR SIGNATURE ----------

DATE OF BIRTH ----------

HOSPITAL ------- SURGERY DATE-----

MAY NOT BE USED BY OTHER RECIPIENTS

Front

FOR AUTOTRANSFUSION ONLY

BLOOD NUMBER ----------

EXPIRATION DATE ----------

MAY NOT BE USED BY OTHER RECIPIENT

Back

COPIES OF AUTOTRANSFUSION REQUEST

For each donation:

1. Copy to component laboratory with the unit.

2. Copy stapled to history card.

3. Copy to donor collection file.

A xeroxed copy of the completed donor history card is attached to the procurement file copy.

Also make up sets of copies if needed, for second or third donations and place in pending autotransfusions folder.

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July 12, 1983

To all physicians and nurses

From Dr. Perkins

Re: Interpretation of AIDS questions

The word "multiple" means more than one. Gay males are eligible to donate only if they have been totally monogamous for a period of three years with a partner who has also been totally monogamous for that period.

I have upped the time from two years to three years because of increasing statements that AIDS may have an incubation period up to three years.

Copies to (1) All physicians
(2) All department heads
(3) All centers
Supervising nurses are responsible for ensuring that all nurses have read and understand the above.

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July 18, 1983

MEMO TO: All Blood Bank Physicians and Nurses

FROM: Dr. Perkins

RE: Interpretation of AIDS Questions

The word "multiple" means more than one. Gay males are eligible to donate only if they have been totally monagamous for a period of three years with a partner who has also been totally monagamous for that period.

I have upped the time from two years to three years because of increasing statements that AIDS may have an incubation period up to three years.

HAP/djf

cc: Department Managers
Center Managers

P.S. Supervising nurses are responsible for ensuring that all nurses have read and understand the above.