

PPTA Abbreviated Donor History Questionnaire For Frequent Plasma Donors

This document is one component of the PPTA donor history questionnaire documents to be used by source plasma organizations. The PPTA abbreviated donor history questionnaire documents must be used collectively.

**PPTA Abbreviated Donor History Questionnaire
For Frequent Plasma Donors**

Current Health

Yes No

1. Are you feeling healthy and well today?

Please Read the Medication List

2. Since you last donated plasma have you taken any medications on the medication list?

Changes in Health

Since you last donated plasma:

Yes No

3. Female Donors: Have you been pregnant or are you pregnant now?
4. Have you had any new medical problems or diagnoses?
5. Have you had any new medical treatments, vaccinations or medications?
6. Have you had contact with someone who had a smallpox vaccination?
7. Have you donated whole blood, platelets or plasma at another center?

Risk Activities

Please review our Risk Poster

Yes No

8. Did you review the Risk Poster?
9. Do you have any questions about anything mentioned on the Risk Poster?
10. Since you last donated plasma, does anything on the Risk Poster apply to you?

Since you last donated plasma:

Yes No

11. Have you gotten a tattoo or had one touched up?
12. Have you had an ear or body piercing?

**PPTA Abbreviated Donor History Questionnaire
For Frequent Plasma Donors**

Yes No

Optional Question A. Have you had surgery or a diagnostic, medical or dental procedure?

Optional Question B. Have you had acupuncture?

Additional Questions:

Acknowledgment:

1. I have reviewed the educational materials regarding infections that can be transmitted by my donation, such as, Syphilis, HIV, Hepatitis B and C.
2. I agree not to donate if my donation could result in a potential risk to people who receive plasma products.
3. A sample of my blood will be tested for infections that can be transmitted by my donation, such as, Syphilis, HIV, Hepatitis B and C.
4. I understand you will attempt to notify me if for any reason I cannot donate and records will be maintained indicating the reason for the deferral and the deferral time period.
5. I have reviewed the information regarding the potential risks and hazards of donating Source Plasma.
6. I have been given the opportunity to ask questions and understand that I may withdraw from the donation procedure at any time.

Donor Signature: _____ **Date:** _____