

### Apheresis Research Coordinator Initial Donor Screening

<b>U#:</b>	<b>Donor Ph. NO:</b>	
<b>Last Name:</b>	<b>PI: Derek Stirewalt, MD</b>	<b>Protocol #985.03</b>
<b>First:</b>	<b>Coordinator: Aubrey McMillan</b>	<b>Ph. NO: (206) 667-5318</b>
<b>MI:</b>	<input type="checkbox"/> MOBILIZED	<input type="checkbox"/> NON-MOBILIZED
<b>DOB:</b>	<input type="checkbox"/> CLINICAL USE	<input type="checkbox"/> NON-CLINICAL USE

		Yes	No
1.	Are you in good health? (no current cold/flu symptoms, no history of hepatitis, HIV, heart, lung, kidney, liver disease, cancer, or autoimmune disease)		
2.	Do your parents or siblings have an autoimmune disease?		
3.	Do you weigh at least 110 lbs.?		
4.	Have you ever been told you were anemic? (low blood counts, iron-deficient)		
5.	What was your sex at birth? <input type="checkbox"/> Female <input type="checkbox"/> Male If female at birth, have you been pregnant in the last six weeks or are you nursing?		
6.	For mobilized donors only: If female at birth- Are you planning on attempting to conceive a child in the next two months? If male at birth- Are you currently or will you in the two weeks following donation be attempting to conceive a child?		
8.	Are you taking blood-thinning medications such as Coumadin or Warfarin? If yes, what and when was your last dose?		
9.	Are you currently taking any over-the-counter anti-inflammatory medications such as aspirin, ibuprofen, or Naproxen? If yes, what and when was your last dose?		
10.	Are you currently taking <i>any</i> medication? If yes, please list:		
11.	Do you have a history of asthma? If yes, do you currently use medication to control the condition?		
12.	Have you ever used tobacco or tobacco products? If yes, do you currently use tobacco? If no longer using, when was the last time you used tobacco or tobacco products?		
13.	Have you ever been told not to use Heparin (a blood-thinning medication)?		
14.	Have you ever had difficulty having blood drawn? If yes, please describe: Do you have vasovagal reactions (afraid/ uncomfortable at the sight of needles or blood draws)?		
15.	Have you ever donated blood, plasma, or platelets? If yes, when?		
16.	Have you ever donated white blood cells or stem cells by leukapheresis? If yes, please list where/when?		

Comments:

<b>Research Coordinator Signature:</b>	<b>Date</b>	<b>Time</b>