

GUIDANCE DOCUMENT

RE: Section NT-D3.220 Donor Risk Assessment

Non-transplant Donor Acceptability and Suitability Assessment (NDASA)

Donor Name: (First) (Middle) (Last) (Suffix)

Person Interviewed: (Name), (Relation to donor)
Contact Info: phone, email, address

Interview conducted via: () telephone, () in person, () interviewee filled out form

Additional Person Interviewed: (Name), (Relation to donor)
Contact Info: phone, email, address

Interview conducted via: () telephone, () in person, () interviewee filled out form

Person completing this form (may be interviewer/coordinator if conducting as an interview in person or via telephone or interviewee/donor if she/he is filling out document as a questionnaire):

(Printed Name), (Signature), (Date/Time)

Donor Information:

Age:

Sex:

Race:

Height:

Weight:

SSN:

DOB:

Date of Death:

Time of Death:

Location of Death:

Cause of Death:

“The following set of questions are designed to help the Non-transplant Anatomical Donation Organization (NADO) determine whether or not a potential donor may be at risk for carrying a relevant, communicable disease or infection. We must warn you that these questions are of a sensitive and personal nature, however they are similar to those asked even when someone donates blood. They are asked in order to protect the health and safety of those preparing donations as well as those educators/researchers that may ultimately receive the precious gifts.”

Risk Assessment:

- (1) Has the potential donor received any blood, blood products or any life saving measures within the **past forty-eight hours prior to death**? -Y/N- If Y, please detail what was given and amounts
- (2) Did she/he* **EVER** have tuberculosis, or a positive skin or blood test for tuberculosis? Y/N, If Y, did she/he receive treatment, and if so, then for how long?
- (3) Was she/he **EVER** refused as a blood donor or told not to donate? Y/N- If Y, please describe the reason
- (4) Did she/he **EVER** have a positive or reactive test for HIV/Aids, hepatitis Y/N- If Y, please list disease
- (5) Did she/he **EVER** have liver disease or hepatitis? Y/N- If Y, please list disease
- (6) Did she/he have a family physician or a specialist? Y/N If Y, when was her/his last visit? Why? Provide any contact information (e.g., name, group, facility, phone number, etc.)
- (7) Did she/he use a medical facility such as a clinic or urgent care center? Y/N, if Y, When was her/his last visit? Why? Provide any contact information (e.g., name, group, facility, phone number, etc.):
- (8) Did she/he take any prescription medication recently or on a regular basis? Y/N, if Y, What was it and/or what was it used for? If a steroid, how long and at what dose?
- (9) Did she/he take any non-prescribed medication or dietary supplements? Y/N, if Y, What was it and/or what was it used for?
- (10) Did she/he recently have any symptoms such as: (for the following questions, If Y, then ask When?, Describe the SYMPTOM and reasons)
- Fever,
 - cough,
 - diarrhea,
 - swollen lymph nodes in neck/groin/armpits,
 - weight loss,
 - rash,
 - sores in mouth or skin,
 - night sweats,
 - severe headache,
 - rapid decline in mental ability,
 - seizures,
 - tremors,
 - difficulty walking

(11) In the **past 12 months** was she/he in lockup, jail, prison, or any juvenile correctional facility? Y/N if Y, how long? Where? Why?

(12) In the **past 12 months**, was she/he told by a healthcare professional that she/he was exposed to or had contracted an uncommon disease or infection? *such as Rabies, Chagas disease (T. Cruzi), Malaria (Plasmodium), Ebola, Zika, Dengue, or another not mentioned?* Y/N, if Y, what disease or infection was it and when was she/he diagnosed? What was the name of the doctor/clinic?

(13) In the **past 12 months**, was she/he told by a healthcare professional that she/he had an infection or disease caused by a virus, bacteria, fungus or something else? Y/N. If Y, please describe in detail as to what the disease or infection was, when it occurred, and if there were any treatments.

(14) In the **past 12 months** did she/he get a tattoo, touch up of an old tattoo, or permanent makeup or receive acupuncture, ear or body piercing? Y/N, if Y, were shared or non-sterile instruments, needles or ink used? Y/N. Was the procedure performed outside of the US or Canada? Y/N if Y, where?

(15) In the **past 12 months**, was she/he exposed to someone else's blood or another bodily fluid/material? Y/N. If Y, please describe what happened and when. Was the blood or other bodily fluid/material known to be or suspected of being contaminated with HIV, Hepatitis or another disease not mentioned? Y/N. If Y, Please describe.

(16) In the **past 12 months** did she/he* have a sexually transmitted infection? Y/N. If Y, what infection was it?

(17) [**In the past 5 years**] Did she/he have sex/close contact with a person who had a positive test for, or was suspected of having, Hepatitis B, Hepatitis C, HIV, or tuberculosis? Y/N

If Y, please describe which virus/infection and when, and was that person sick from the virus/infection during that time, such as having abdominal pain, joint pain, exhaustion, fever, nausea, vomiting, diarrhea, yellowing of the eyes or skin, cough (sometimes blood-tinged), unintentional weight loss, or night sweats?

(18) Did she/he **EVER** use needles to inject drugs into her/his veins, muscle, or under her/his skin for non-medical use?-when was last use?

(19) Was she/he **EVER** told by a physician that she/he* had a disease of the brain or a neurological disease such as Alzheimer's, Parkinson's, multiple sclerosis, Creutzfeldt Jacob's disease (CJD), Dementia, epilepsy, etc.? Y/N- if yes, please describe.

(20) In the **past 12 months**, did she/he travel or live outside of the United States or Canada? Y/N
If yes, please detail to where and how long, and did they ever receive any blood transfusions or medical treatments outside of the United States or Canada?

(21) Are there other medical conditions you are aware of that we have not discussed? Y/N, if yes, please describe.

(22) Do you now have any concerns that her/his* donation should not proceed? Y/N, if yes, please detail your concerns.

(23) Do you have any questions regarding the information that was requested throughout the process of this interview/questionnaire?

Donor Applicability Questions:

The following questions are not part of the risk assessment interview. Their purpose is to obtain relevant medical and social history so that the donation can best be applied to the appropriate uses for research and education. This list is not exhaustive, and these questions may vary between Non-transplant Anatomical Donation Organizations, depending on their respective researcher and educator base.

(24) Did she/he **EVER** have any kind of surgery? Y/N- If yes, please list any surgeries.

(25) Did he/ she **EVER** have cancer? Y/N- if yes, what type, when was it diagnosed, was there any surgery, radiation, or chemotherapy? Was the cancer ever considered cured or in remission?

(26) Did he/ she **EVER** smoke? Y/N, If yes, please describe what was smoked, quantity, number of years, and if ever quit, when and for what length of time?

(27) Did she/he **EVER** have lung disease such as asthma, COPD, or emphysema? Y/N, If yes, please explain.

(28) Did she/he **EVER** drink alcohol? Y/N, if yes, then please describe type, frequency, amount and for how long?

(29) Did she/he **EVER** have diabetes? Y/N, If yes, for how many years and did they receive treatment or take any medications?

(30) Did she/he **EVER** have kidney disease, kidney stones, or frequent kidney infection? Y/N, if yes, please describe condition and if they received dialysis and when

(31) Did she/he **EVER** have high blood pressure or high cholesterol? Y/N, if yes, please describe condition

(32) Did she/he **EVER** have heart attack, heart disease, or heart infection? Y/N, if yes, please describe condition and any treatment

(33) Did she/he **EVER** have circulation problems of the legs, such as varicose veins, blood clots, leg ulcers, or skin discoloration of the feet or ankles? Y/N, if yes, please describe condition and any treatment

(34) Did she/he **EVER** have autoimmune disease such as systemic lupus erythematosus, rheumatoid arthritis, sarcoidosis, etc.? Y/N, if yes, please describe condition and if steroids were taken

(35) Did she/he **EVER** have any eye problems, procedures, or surgery? Y/N, if yes, please describe