

DONOR MEDICAL HISTORY INTERVIEW FORM

The Muasher Center for Fertility and IVF
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Donor Name: _____ Date: _____

Donor Date of Birth _____

Donation Type: Anonymous

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1. Do you have regular periods? _____ Length of cycle: _____ Always regular? _____ LMP _____
 2. Have you ever been on OCP's? _____ How long? _____
 3. Which ones? _____
 4. Method of Birth Control: _____ Would you be willing to change or temporarily stop? _____
 5. Have you ever been pregnant? _____ Outcomes: G ___ P ___ T ___ SAB ___ TAB ___ L ___ E ___
 6. Births: _____
 7. Past/present medical problems: _____

 8. Have you ever been treated for depression or anxiety? _____ Explain _____
 9. Past/present psychological problems? _____
 10. Allergies to medications: _____
 11. Current medications: _____

FDA Screening Questions

- ____yes ____no 1. (Men only) Have you had sex with another man in the preceding five years?
- ____yes ____no 2. Have you injected drugs for a non-medical reason in the preceding five years, including intravenous, intramuscular, or subcutaneous injections?
- ____yes ____no 3. Do you have hemophilia. If yes, do you use human-derived clotting factor?
- ____yes ____no 4. Have you engaged in sex in exchange for money or drugs in the preceding five years?

- ___yes ___no 5. Have you had sex in the preceding 12 months with any person described in the previous 4 items of this section or with any person known or suspected to have HIV infection, clinically active hepatitis B infection, or hepatitis C infection?
- ___yes ___no 6. Have you been exposed in the preceding 12 months to known or suspected HIV, HBV, and /or HCV – infected blood through percutaneous inoculation (e.g., needle-stick) or through contact with an open wound, non-intact skin, or mucous membrane?
- ___yes ___no 7. Have you been incarcerated for more than 72 consecutive hours during the previous 12 months?
- ___yes ___no 8. Have you had close contact within 12 months preceding donation with another person having clinically active viral hepatitis (e.g., living in the same household, where sharing of kitchen and bathroom facilities occurs regularly)?
- ___yes ___no 9. Have you had a tattoo, ear piercing, or body piercing in the last 12 months in which instruments were shared?
- ___yes ___no 10. Have you been diagnosed with viral hepatitis after age 11? Unless evidence from the time of illness documents that the hepatitis was identified as hepatitis A (e.g., a reactive IgM anti-HAV test)?
- ___yes ___no 11. Have you had a recent smallpox vaccination (vaccinia virus) in the last 60 days? If less than 60 days did the scab separate by some other means than spontaneously
- ___yes ___no 12. Do you have a clinically recognizable vaccinia virus infection contracted by close contact with someone who received the smallpox vaccine? The Physical assessment should also check for this.
- ___yes ___no 13. Have you had a medical diagnosis of West Nile Virus ?
- ___yes ___no 14. Have you had both a fever and a headache (simultaneously) during the 7 days prior to donation? **If this is the first time filling this out and not donating yet only screening to become a donor answer N/A.**
- ___yes ___no 15. Are you or any close contacts a xenotransplantation product recipient? Have you, your sexual partner, or any member of his/her household ever had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an animal?
- ___yes ___no 16. Have you had a transfusion or received blood or blood products in the last 48 hrs?
- ___yes ___no 17. Have you been diagnosed with or treated for Chlamydia?
- ___yes ___no 18. Have you been diagnosed with or treated for Gonorrhea?
- ___yes ___no 19. Have you ever been diagnosed with Creutzfeldt-Jacob Disease (CJD)?

- yes no 20. Have you ever had a diagnosis of dementia or any degenerative or demyelinating disease of the central nervous system (CNS) or other neurological disease of unknown etiology?
- yes no 21. Have you ever had a blood relative diagnosed with CJD?
- yes no 22. Have you ever taken human pituitary-derived growth hormone?
- yes no 23. Have you ever received a dura mater transplant?
- yes no 24. Have you spent three months or more cumulatively in the UK from the beginning of 1980 through the end of 1996?
- yes no 25. Are you a current or former U.S. military member, civilian military employee, or dependent of a military member or civilian employee who resided at U.S. military bases in Northern Europe (Germany, U.K., Belgium, and the Netherlands) for 6 months or more from 1980 through 1990, or elsewhere in Europe (Greece, Turkey, Spain, Portugal, and Italy) for 6 months or more from 1980 through 1996?
- yes no 26. Have you lived cumulatively for 5 years or more in Europe from 1980 until the present (note this criterion includes time spent in the U.K. from 1980 through 1996)?
- yes no 27. Have you received any transfusion of blood or blood components in the U.K. between 1980 and the present?
- yes no 28. Have you injected bovine insulin since 1980, unless you can confirm that the product was not manufactured after 1980 from cattle in the U.K.?
- yes no 29. **If this is a repeat donation within 6 months of your last full medical history interview have any answers to the above questions changed?
(If this is your first time filling out this questionnaire, answer N/A.)**

**The following questions need only be answered if there is a SARS outbreak in the world.
If there are cases of SARS answer the following questions, otherwise note N/A.**

- yes no 30. Have you traveled to or resided (the areas affected) in the last 14 days?
- yes no 31. Have you had close contact with someone who has traveled to or resided (the areas affected) in the last 14 days?
- yes no 32. Have you been treated for SARS or suspected you had SARS in the last 28 days?
- yes no 33. Have you had close contact within the previous 14 days with persons with SARS or suspected SARS.
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