



THE
SCRIPPS
RESEARCH
INSTITUTE

Normal Blood Donor Application Normal Blood Donor Services (NBDS)

3040 Science Park Rd. Mail Stop SP3040-101 San Diego CA 92121
Telephone 858.784.7870 Fax 858.784.7841 Email nbdinfo@scripps.edu
Hours of operation: Monday - Friday 06:30-09:00 AM

Return completed and signed applications by U.S. mail, TSRI interfacility mail, in person, or fax ONLY.

Name: _____ Date of birth: _____ Male ___ Female ___

Street Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____ Primary E-mail: _____

Height _____ Weight _____ How did you hear about our program? _____

Have you ever donated at a Blood Bank or at the American Red Cross? Y/N

List **ALL medications** taken on an **as needed** or **regular basis** (prescribed and over the counter medications (include birth control):

List all your past and current medical conditions. Describe and give the dates.

Have you ever had surgery? Y/N

Describe and give the dates. _____

Do you have allergies to drugs or medications? Y/N

Describe the reaction. _____

Do you have a peanut or nut allergy or allergy to other foods? Y/N

Describe the reaction. _____

Are you immunized to Hepatitis A? Y/N Hepatitis B? Y/N Human Papilloma Virus? Y/N

Have you received any immunizations within the last 4 weeks? Y/N

Have you ever been diagnosed or treated for malaria? Y/N

Have you ever been diagnosed or treated for syphilis? Y/N

Have you been pregnant, had an abortion or a miscarriage in the last 6 months? Y/N

Have you received blood or plasma transfusion in the last 6 months? Y/N

Have you had any surgery in the last 6 months?	Y/N
Have you recently discontinued breastfeeding a baby?	Y/N
Have you ever been incarcerated for 72 hours or more in the last 12 months?	Y/N

Normal Blood Donor Application questions (continued)

Carefully read this list of conditions below. This is to safeguard the health of the staff and researcher who will be handling your blood. If you fall into ANY of these categories, you will not be able to participate in the program.

Intravenous drug use at any time	Y/N
AIDS (Acquired immune Deficiency Syndrome)	Y/N
Males who have had sexual contact with another male since 1977	Y/N
Transfusions of clotting factor VIII or IX since 1977	Y/N
Sexual contact with anyone in any of the permanent disqualified categories since 1977	Y/N
Hepatitis B or Hepatitis C	Y/N
Blood relative diagnosed with Creutzfeldt-Jacob disease (mad cow's disease)	Y/N

Carefully read this list of conditions below. These conditions cause risk to you as a blood donor. If you fall into ANY of these categories, you will not be able to participate in the program.

History of Fainting and/or dizzy spells	Y/N
Chronic anemia	Y/N
Blood or bleeding disorders	Y/N
Hemochromatosis (excessive amount of iron in blood)	Y/N
Chronic kidney, liver, heart, stroke or lung disease	Y/N
Cancer (not skin cancer)	Y/N
Diabetes	Y/N
Gastric Bypass Surgery	Y/N

AFFIDAVIT

To the best of my knowledge, I do not belong to any of the high-risk groups listed above and I do not have any other conditions that could compromise the study for which my blood will be used. I have answered the questions accurately. By signing below, I understand that my blood will be tested for Hepatitis B surface antigen, Hepatitis C antibody, HIV, anemia, and blood type.

Signature_____Date_____