

# 2. 貧血と採血基準を考える ~血液学的立場から~

香川県赤十字血液センター -内 田 立 身

#### 1. 貧血の定義

貧血の定義について血液学の代表的な教科 書をみると、①a reduction below normal in the concentration of hemoglobin or red blood cells in the blood<sup>1)</sup> ②anemia is functionally best characterized by a hemoglobin concentration below normal<sup>2)</sup> などの記載があり、健常人の ヘモグロビンの下限値から判断するのが一般 的である。米国人においては表1のような数字 が用いられている<sup>1) 2) 3) 4)</sup>。この際、健常人と して選ばれる対象のうち特に鉄欠乏状態の多 い女性では血液学的に正常でない人が含まれ、 下限域が低く算定される可能性があった。

表1 米国健常人のヘモグロビン(g/dL)下限値

|           | 男性   | 女性   | 文献番号 |
|-----------|------|------|------|
| WHO       | 13.0 | 12.0 | 3    |
| Beutler E | 14.0 | 12.3 | 1    |
| Lee GR    | 13.2 | 11.6 | 2    |
| NHANESII  | 13.5 | 12.0 | 4    |

最近、Beutlerらりは米国人の貧血の定義としてNHANES-III(The Third US National Health and Nutrition Examination Survey)が行なったように、トランスフェリン飽和率16%以上、血清フェリチン10ng/mL以上の人を健常人として正常域の5%値未満を貧血としている(表2)。血液学的な貧血の定義として妥当な決め方である。

日本人の貧血の頻度について、私たちは 「1981年~1991年」までの鉄欠乏の頻度を検っ 索したことがあるが<sup>6)</sup>、このデータをもとに鉄

表 2 健常米国人のヘモグロビン(g/dL) 下 PBL版 (Beutler, 2006)

|       | 男性   | (20~59歳) | 女性   | (20~4-9歲) |
|-------|------|----------|------|-----------|
|       |      |          |      | (2,966从)  |
| アフリカ系 | 12.8 | (434人)   | 11.1 | (20.5人)   |

欠乏のない健常人を対象としてヘモグロビン値を求めたところ表3のとおりとなった。同じ方法で求められた斎藤らりの成績とあわせると、鉄欠乏のない日本人のヘモグロビン下限値は男性12.8~13.2g/dL、女性11.8~12.1g/dLとなり、日本人成人の貧血の定義は男性13.0g/dL未満が妥当と考えられた。最近の日本人については鉄欠乏に関する正確なデータがなく、厚生労働省が行なっている「国民健康・栄養調査報告」などから鉄欠乏のない健常人のヘモグロビン値を求め、日本人の貧血の定義を定める必要がある。

表3 鉄欠乏のない健常日本人のヘモグロビン値

|          | 平均へモ<br>グビン値 | 1標準偏差 | 5%正常<br>分布値 | 文献 |
|----------|--------------|-------|-------------|----|
| 男性(284例) | 14.8         | 1.0   | 12.8        | -  |
| 女性(390例) | 13.9         | 0.9   | 12.1        | 6  |
| 男性 (26例) | 15.0         | 0.9   | 13.2        | _  |
| 女性(134例) | 13.4         | 0.8   | 11.8        | 7  |

#### 2. 日本人の貧血の頻度

私たちは、1981~1991年にかけて3,015名の女性で貧血の調査を行なった。その成績は、 健常者43.6%、貯蔵鉄欠乏33.4%、潜在性鉄 欠乏8.4%、鉄欠乏性貧血8.5%、その他6.5%

表 4 日本人の貧血の頻度(%)(平成16年度国民健康・栄養調査報告から)

| Γ  |       |          | 男性       |       | 1        | 女性         |       |
|----|-------|----------|----------|-------|----------|------------|-------|
| 1  | 年齡    | 平均Hb±SD  | Fr<10(%) | Hb下限值 | 平均Hb±SD  | Fr < 10(%) | Hb下限值 |
| ·t | 20-29 | 15.1±1.0 | 1.6      | 13.1  | 12.9±1.0 | 30.5       | 10.9  |
| 1  | 30~39 | 15.1±0.8 | 1.2      | 13.5  | 12.7±1.2 | 36.5       | 10.3  |
| 1  | 40~49 | 15.2±1.0 | 1.2      | 13.2  | 12.5±1.6 | 37.5       | 9.3   |
| 1  | 50~59 | 14.9±1.2 | 1.8      | 12.5  | 13.2±1.1 | 10.0       | 11.0  |
| 1  | 60~69 | 14.5±1.4 | 2,5      | 11.7  | 13.1±1.0 | 3.9        | 11.1  |
| 1  | 70≦   | 14.0±1.5 | 2.8      | 11.0  | 12.6±1.2 | 5.6        | 10.2  |
| Ī  | 計     | 14.6±1.4 | 2.1      | 11.8  | 12.9±1.2 | 17.3       | 10.5  |

男性1,637名、女性2,634名の調査。

で40歳台前半では17.2%の鉄欠乏性貧血が みられた<sup>6)</sup>。

その後、日本人についての詳細なデータがなく、特に女性の鉄欠乏性貧血の頻度をみるには毎年厚生労働省が行なっている国民健康・栄養調査から類推するのがよいと思われる<sup>8)</sup>。表4はその成績である。高齢者を除くと男性の貧血は5.8%以下、鉄欠乏の頻度も2.5%以下であるが、女性は16.8%が貧血であり血清フェリチン低値(鉄欠乏)の頻度も高率であることから、ほとんどが鉄欠乏性貧血である。40歳台では25.0%に貧血があり同年代の半数(47.5%)が鉄欠乏状態にある。

また、香川県赤十字血液センターにおいて 平成17年度に400mL献血を申し込んだ女性 のうちヘモグロビン不足(Hb12.5g/dL未満) で献血ができなかった女性の比率<sup>9)</sup>を表5に示 すが、30~40歳台女性の約36%が献血できて いない。また、日本赤十字社による全国的な 調査によると<sup>10)</sup>、平成17年に比重不足で献血 できなかった人は485,746人で、これは東京 都で1年間に献血できた人の数407,235人を はるかに凌駕するほどである。

表5 ヘモグロビン不足で献血できない女性の割合 (平成17年:香川県赤十字血液センター)

| 年齢    | Hb<12.5g/dL        |  |  |
|-------|--------------------|--|--|
| 16~19 | 28.6%              |  |  |
| 20~29 | 32.6%              |  |  |
| 30~39 | 35.6%              |  |  |
| 40~49 | 35.3%              |  |  |
| 50~59 | 18.9%              |  |  |
| 60~69 | 17.5%              |  |  |
| 全体平均  | 19.4%(申込者数 9,963人) |  |  |

わが国の女性の貧血の頻度は欧米に比して高い。米国の国民健康・栄養調査報告によると、20~40歳台の女性の鉄欠乏性貧血の頻度は5%、鉄欠乏状態は11%<sup>11)</sup>、米国24血液銀行における2003年度の女性へモグロビン不足(12.5g/dL未満)の割合は平均で6.6%(1.3~13%)、Wisconsin州において17~49歳では21~23%である<sup>12)</sup>。わが国のこれに対応する成績は400ml献血ができなかった女性が該当し、16~19歳で28.6%、20~29歳で32.6%、30~39歳で35.6%、40~49歳で35.3%であり<sup>131</sup>、どの調査をみても頻度は高いといわざるを得ない。

わが国で鉄欠乏の多い原因は鉄摂取量の不足にある。平成16年国民健康・栄養調査によると、男性の1日平均鉄摂取量は8.1mg、女性の1日平均は7.7mg(20~39歳で6.9~7.0mg)で必要量に比して少ない<sup>8)</sup>。日本人の必要鉄摂取量は男性10mg、月経のある女性12mgであるが、その差2mgは全血にして10~12mLにしか相当せず、平均的月経量を30~40mLとして外国並に15~18mgは必要であろう。となるとわが国の月経のある女性は必要強の半分の鉄しか摂取していない。しかも鉄摂取量は過去の上記の調査によると年々減少してきている。

他方、米国における調査によると、白人男性で 1 日あたり  $17.2\pm0.3$ mg、女性で  $13.4\pm0.4$ mgで相当の開きがある $^{8}$ 。採血基準を考える際には、以上のようなわが国の事情を勘案して決める必要がある。

#### 3. 採血基準をどう決めるか

日本の現状を踏まえて、わが国の採血基準をどう決めたらよいかについて以下に私見を まじえて述べたい。

代表的な国の採血基準を表6に示す。このうちEU諸国とオーストラリアは男女差があるが、米国とわが国は男女差がない。わが国の採血基準は1986年に改定され、200mL献血と400mL献血に分け、比重法かヘモグロビン法で判定するようになっている。現在、貧血の定

表 6 各国の採血基準(400mL相当)

|               | 男性   | 女性   |
|---------------|------|------|
| Council of EU | 13.5 | 12.5 |
| Australia     | 13.0 | 12.0 |
| U.S.A         | 12.5 | 12.5 |
| 日本            | 12.5 | 12.5 |

義はヘモグロビンで記載されており、わが国の医療機関のすべてがヘモグロビン法で贫血を診断しているので、ヘモグロビン法に統一することが望ましい。また献血も400mL献血が主流になりつつあるので諸外国に倣い200mL、400mLを一本化して表記するのがよいと考えられる。

#### 1) ヘモグロビンの正常範囲から決める

鉄欠乏のない健常者から正常分布域を定め、 5%正常値を求めると男性13.0g/dL、女性 12.0g/dLとなり、これ以上を採血基準とする 方法はわかりやすく貧血の定義とも一致する。

#### 2) 貧血状態にない人から採血する

赤血球は鉄欠乏の進展に伴い、小赤血球化、低色素性化する。図1、図2は男性および女性におけるヘモグロビンと赤血球恒数との関係で、MCV・MCHが低下するのは男性で12.5g/dLである<sup>14)</sup>。また、鉄欠乏性貧血82例の私達の検討から、ヘモグロビンの分布域の上限は13.0g/dLであることをみると、現行の米国やわが国の基準である12.5g/dLは矛盾しない数字となってくる。

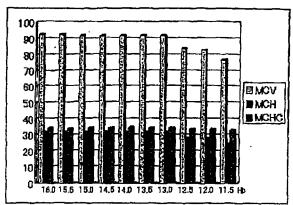


図1 赤血球恒数とヘモグロビン値の関係(男性)

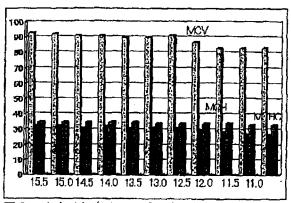


図2 赤血球恒数とヘモグロビン値の関係(女性)

#### 3) 現在考えられる適切な採血基準は

上記を踏まえて採血基準について考察すると、わが国では鉄欠乏状態にある女性の頻度が高く、抜本的対策の見出せない現状では、 貧血のない鉄欠乏からの採血をできるだけ避けるために女性の基準は12.0g/dLよりは12.5g/dLのほうが妥当と思われる。また、男性については貧血のない鉄欠乏はほとんどないが、12.5~13.0g/dLは貧血の人から採血することになり矛盾を生ずるので、13.0g/dLが妥当ではないかと思われる。

いずれにしても、採血基準の改定には正確なデータに基づく議論が必要である。それには、日本人の鉄欠乏性貧血、貧血のない鉄欠乏、鉄欠乏のない健常人の頻度(これは現行の国民健康・栄養調査の個々のデータから算出可能である)、献血申込者のへモグロビン不足による男女別、年齢別不適格者の頻度などの解析によって決められるべきであろう。

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Mid-America Division
Badger-Hawkeye Region
Heart of America Region
Midwest Region
North Central Region

Dear Parent or Guardian,

Your 16-year-old has expressed an interest in donating blood at an upcoming American Red Cross blood drive. The states of Illinois, Iowa, Kansas, Nebraska, Minnesota, Missouri and Wisconsin allow 16-year-olds to donate blood with written parental/guardian consent. We are asking for your support by completing the attached consent form.

Please read the attached forms: "What You Must Know Before Giving Blood" and "What You Must Know About NAT – A New Blood Test." If you have any questions about the information contained in these documents, please call 1-800-448-3543 – M-F: 8 am - 9 pm, Sat: 9 am - 1 pm, Sun: 4 pm - 8 pm – and press Option 6 to speak to a Red Cross donor health consultant.

We support each student's willingness to give blood and ask that you offer your encouragement too. Much like voting and driving a car, the opportunity to donate blood and save a life has become a right of passage for thousands of high school students. Becoming a blood donor is a very personal decision, and we understand that parents and students may be somewhat apprehensive about taking this step. This is completely natural, so we want to provide you with some additional information about donating blood.

Blood donation is a safe procedure using single-use sterile needles and supplies. To ensure that your student has a positive experience, we recommend that they follow these guidelines:

- Get a good night's sleep before the blood drive.
- Eat well and drink plenty of fluids in the days leading up to the blood drive, especially the day of the drive.
- Drink at least 16 oz of caffeine free fluid (2 cups) 3-4 hours before the donation and after.
- Be honest and accurate about their weight (donors must weigh at least 110 lbs).

While the donation process is safe, reactions can occur. Most reactions are mild and can include fainting or small bruises. Our staff is fully trained to work with first-time and younger blood donors, and to respond to any reactions. We hope you will encourage your student to support our blood drive. Since one blood donation can be separated into three components, your student has the potential to save as many as three lives with a single donation.

Please note that the FDA requires that donors are asked specific questions about their health history. This information helps ensure the safety of the blood donor and the blood recipient. These questions are asked privately and are completely confidential.

You should be very proud of your son or daughter's decision to donate at the upcoming drive. *Please help support this act of generosity by completing the consent form prior to the drive.* If you are not currently a blood donor, please consider making an appointment for yourself. For more information call 1.800.GIVE.LIFE or visit our website at givebloodgivelife.org.

Sincerely,

David C. Mair, M.D., Senior Medical Director

David C. Man MP

| American Red Cross  | Doc No      | Version |
|---------------------|-------------|---------|
| Biomedical Services | 14.4.frm005 | 1.2     |

# Form: Informed Parental Consent for Persons Not of a Legal Majority

#### What this form is about

This form provides staff with a mechanism for documenting a parent or legal guardian's informed consent for someone not of legal majority to donate blood or blood components.

#### Who should use this form

This form applies to all staff who obtain informed special consent from donors or parent/legal guardian.

#### Instructions

- Ensure the region-identifying information is on the form.
- Instruct the parent/legal guardian to
  - Print the name of the son, daughter, or ward in the space provided.
  - Print his or her name.
  - Sign the consent form.
  - Date the consent form.
- Affix a Whole Blood Number/Donation Identification Number (WBN/DIN) to the form.

### **Revision History**

| Revision<br>Number | Summary of Revisions   |  |
|--------------------|--|--|
| 1.0                | Initial version  |  |
| 1.1                | Developed and released prior to revision history requirement |  |
| 1.2                | Revised instructions for completion of form                  |  |
| 1.2                | Reformatted signature, date, and WBN lines                   |  |

## Informed Parental Consent for Persons Not of a Legal Majority

#### Information

This form must be completed by a parent or legal guardian for blood donations by any person who has not yet

| reached the ag                     | e of legal majority a  | as defined by the laws of the state in which the donor makes the blood donation.   |
|------------------------------------|--|--|
| Questions or c                     | oncerns about the b  | lood donation process should be directed to  |
|                                    | Department:  | Donor Health Consultants   |
|                                    | Phone Number:  | (800) 448-3543 (Press Option 6)  |
|                                    | Hours of operation   | n: M-F: 8am-9pm, Sat: 9am-1pm, Sun 4-8pm   |
| Parental Cons                      | sent   |  |
| I have receive donation proce      | d and read a copy  | of "What You Must Know Before Giving Blood" describing the overall blood   |
| I have received<br>test procedures | d and read a copy of and any research-re                           | f "What You Must Know About NAT- A New Blood Test" describing additional elated attachments.   |
| I understand th<br>Red Cross will  | at in the event it because the send those results of               | comes necessary to notify my son, daughter, or ward of test results, the American lirectly to my son, daughter, or ward.   |
| contains. I her                    | ne information provi<br>eby give permission<br>Cross during his or | ided to me and have had an opportunity to ask questions about the information it n for my son, daughter, or ward, to make a voluntary donation of blood to the her legal minority. |
| A signed consomajority.            | ent from the Parent  | /Guardian will be required for each donation until the donor reaches the age of  |
| <u>Donor</u> Name [                | son, daughter, or v  | vard] (print)  |
| <u>Parent/Guard</u>                | <u>ian</u> Name (print) _  |  |
| Parent/Guard                       | ian Signature  | Date: / /  |
|                                    |  | WBN/DIN →  |

American Red Cross Biomedical Services Form: Informed Parental Consent for Persons Not of a Legal Majority

Page 1 of 1 14.4.frm005 v-1.2



#### WHAT YOU MUST KNOW ABOUT NAT

### Possible Use of Donor Information and Blood Samples in Medical Research

The American Red Cross Blood Services mission is to provide a safe and effective blood supply for patients who need blood transfusions. As part of this mission, the American Red Cross may conduct research. Some research is conducted with other institutions, such as academic centers and biomedical companies.

Some examples of the types of research are:

- Studies relating to testing, storing, collecting and processing blood to increase the safety of the blood supply.
- Studies of new test methods for infectious agents carried in the blood, like Nucleic Acid Testing (NAT).
- Studies of ways to recruit blood donors and to evaluate donor eligibility.

Participation does not require additional blood to be collected or additional time.

By signing your Blood Donation Record, you are giving consent to allow us to use a portion of your blood donation and donor information for research like that listed above. Donor information for research will not include anything that would identify you as the donor, such as your name or Social Security Number (SSN).

#### Confidentiality

American Red Cross policy requires protection of the confidentiality of your donor identifying information, results of tests on your blood samples and information collected at the time of donation. Strict procedures are observed at all blood collection facilities to maintain the confidentiality of donor information.

Your donor identifying information will not be released to other institutions for research purposes without your consent. Your age, gender, general geographic location, and test results may be used to evaluate important information about disease or donor recruitment, but this information is combined with information about other donors and not identified with you.

While study results may be published, donor names and other identifying information will not be revealed, except as required by law. Records are kept, as required by State and Federal Laws. The Food and Drug Administration (FDA) may need to review and copy donor records in order to verify study data. The FDA, however, is committed to protection of the confidentiality of donor identity.

#### **Testing and Storage**

Blood samples used by researchers are coded. This means that your donor identifying information, including name and SSN, is not used in connection with research. Coded samples can be linked to information about donors' identity only by authorized Red Cross personnel who are required to follow Red Cross procedures to maintain confidentiality.

Some of your sample or information may be saved for future research on viruses or other agents that may be carried in blood. Samples linked to your identifying information may be used, either

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now or in the future, for infectious disease testing, as described in What You Must Know Before Giving Blood or in other information about a specific research study that is being conducted today. Your identified sample and information will not be used for genetic testing or for research unrelated to blood safety without your consent.

You will be notified in person, by phone, or by letter, about any test results that may impact your health. You will receive information about how these test results may affect your health and future eligibility as a blood donor.

#### Possible Participation in a Follow Up Study

If your test results are positive or unexpected, Red Cross staff may ask you to participate in a follow up study. Participation is voluntary and of no cost to you.

#### **Benefits**

By using new infectious disease tests like NAT, you may find out sooner if you are infected by one of the agents being tested. This may be important to your health.

#### Risks

There is a very low chance that your blood sample may give a false positive or true positive infectious disease result. If this happens, the blood that you donate will not be used for transfusion and there is the likelihood that you may not be able to donate again. If you are donating for a specific patient and have a positive test result, your blood donation will not be available for that patient. If you are donating blood for yourself and have a positive result, your blood donation may not be available to you.

#### Your Right Not To Participate

You may refuse to participate now or at any time during the donation process. If you decide that you do not want your donation or donor information to be used for possible research like that listed above, you will not be able to donate today. It is very important to include all donors in such research in order to provide a safe and effective blood supply.

If you decide not to participate at this time, your decision will not change your future relationship with the Red Cross.

If you begin donating and then decide that you do not want to participate, you must notify the blood collection staff before you leave the collection site. If you decide to withdraw in the future, contact the Scientific Support Office at (301) 212-2801. However, test information collected before your withdrawal may still be used or disclosed after your withdrawal.

#### Questions

If you have any questions about your donation, please feel free to ask the ARC staff member performing your confidential health history interview. If you have questions later, you can contact the Blood Center at 1-800-652-9742.

If you have scientific questions, you can call the Scientific Support Office at (301)212-2801. If you have any questions about your rights as a research participant, call the American Red Cross Institutional Review Board Administrator at (301)738-0630.

You have been given this information sheet to read and will be offered a copy to keep.

American Red Cross

ARC F6628-GAT (10/07)

### What You Must Know Before Giving Blood

# Thank you for coming in today!

This information sheet explains how YOU can help us make the donation process safe for yourself and patients who might receive your blood. PLEASE READ THIS INFORMATION BEFORE YOU DONATE! You will be asked to sign a statement that says you understand and have read this information today. If you have any questions now or anytime during the screening process, please ask blood center staff.

#### Accuracy And Honesty Are Essential

Your complete honesty in answering all questions is very important for the safety of patients who receive your blood. We will ask you for identification each time you try to donate. Please register using the same identifying information each time you donate (name, date of birth, etc.). All information you provide is confidential. Although your interview will be private, it may require more than one American Red Cross employee to participate in or be present at your health history and blood donation.

# What happens when you give blood

#### To determine if you are eligible to donate we will:

- ask questions about your health, travel, and medicines
- ask questions to see if you might be at risk for hepatitis, HIV, or AIDS
- take your blood pressure, temperature, and pulse, and
- take a small blood sample to make sure you are not anemic.

#### If you are able to donate we will:

- cleanse your arm with an antiseptic. (If you are allergic to Iodine, please tell us!),
   and
- use a new, sterile, disposable needle to collect your blood.

#### While you are donating: (the donation usually takes about 10 minutes)

• you may feel a brief "sting" from the needle at the beginning.

#### After donating we will give you

- · a form with post-donation instructions, and
- a number to call if you have any problems or decide after you leave that your blood may <u>not</u> be safe to give to another person.

## What to expect after donating

Although most people feel fine before and after donating blood, a small number of people may have a(n)

- lightheaded or dizzy feeling
- upset stomach
- black and blue mark, redness, or pain where the needle was, and
- very rarely, loss of consciousness, or nerve or artery damage.

We will give you a number to call to report any problems or concerns you may have following your donation.

# Why we ask questions about sexual contact

Sexual contact may cause contagious diseases like HIV to get into the bloodstream and be spread through transfusions to someone else.

#### Definition of "sexual contact":

The words "have sexual contact with" and "sex" are used in some of the questions we will ask you, and apply to any of the following activities, whether or not a condom or other protection was used:

- vaginal sex (contact between penis and vagina)
- oral sex (mouth or tongue on someone's vagina, penis, or anus), and
- anal sex (contact between penis and anus).

Continued on back

### What You Must Know Before Giving Blood, Continued

## Persons who should not donate

You should not give blood if you

- had hepatitis on or after the age of 11
- · had malaria in the past 3 years
- · met any of the conditions listed in the CJD Information Sheet
- were held in a correctional facility (including jail, lock up, prison, or juvenile detention center) for more than 72 straight hours in the last 12 months.
- have had sexual contact in the past 12 months with anyone who is sick with hepatitis or AIDS
- had or were treated for syphilis or gonorrhea or tested positive for syphilis in the last 12 months
- were raped in the last 12 months
- have AIDS or have ever had a positive HIV test

AIDS is caused by HIV. HIV is spread mainly through sexual contact with an infected person, or by sharing needles or syringes used for injecting drugs.

· done something that puts you at risk for becoming infected with HIV

You are at risk for getting infected if you

- · have ever used needles to take drugs, steroids, or anything not prescribed by your doctor
- are a male who has had sexual contact with another male, even once, since 1977
- have ever taken money, drugs, or other payment for sex since 1977
- have had sexual contact in the past 12 months with anyone described above
- received clotting factor concentrates for a bleeding disorder such as hemophilia
- were born in, or lived in, Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Niger, or Nigeria, since 1977.
- since 1977, received a blood transfusion or medical treatment with a blood product in any of these countries, or
- had sex with anyone who, since 1977, was born in or lived in any of these countries.
- have any of the following conditions that can be signs or symptoms of HIV/AIDS
- unexplained weight loss (10 pounds or more in less than 2 months)
- night sweats
- blue or purple spots in your mouth or skin
- · white spots or unusual sores in your mouth
- · lumps in your neck, armpits, or groin, lasting longer than one month
- · diarrhea that won't go away
- · cough that won't go away and shortness of breath, or
- fever higher than 100.5 F lasting more than 10 days.

#### Ineligible donors

We maintain a confidential list of people who may be at risk for spreading transfusion-transmitted diseases. By continuing this process, you consent to be entered in this confidential list of deferred donors if you are at risk for spreading such diseases. When required, we report donor information, including test results, to health departments, military medical commands, and regulatory agencies. Donation information may also be used confidentially for medical studies.

# If you decide <u>not</u> to give blood

If you decide that you should not give blood, you may leave now.

### Testing your blood

Your blood will be tested for hepatitis, HIV (the virus that causes AIDS), syphilis, and other factors. (There are unusual circumstances in which these tests cannot be performed.) You will be notified about test results that may disqualify you from donating blood in the future or that may show you are unhealthy. Your blood will not be used if it could make someone sick. (A sample of your blood or a portion of your donation might be used now or in the future for additional tests or other medical studies. Please tell us if you object.)

Though the tests we use are very good, they are not perfect. HIV antibodies may take weeks to develop after infection with the virus. If you were infected recently, you might have a negative test result, yet be able to infect someone. That is why you must <u>not</u> give blood if you are at risk of getting AIDS or other infectious diseases. If you think you may be at risk for HIV/AIDS or want an HIV/AIDS test, please ask for information about other testing facilities. Please do not donate to get tested for HIV, hepatitis, or any other infections!

ARC F6628MW (06/05)

American Red Cross Blood Services

Washington, DC 20006

Travel to or birth in other countries

Blood donor tests may not be available for some contagious diseases that are found only in certain countries.

If you were born in, have lived in, or visited certain countries, you may not be eligible to donate.

ARC F6628MW (06/05)

page 3 of 2

| American Red Cross<br>Biomedical Services | Version<br>05/08         |  |  |
|---|--------------------------|--|--|
| CJD Int                                   | Form:<br>formation Sheet |  |  |
|   |                          |  |  |

### What this form is about

This form explains Creutzfeldt-Jakob disease to the donor.

#### Who should use this form

This form applies to collections staff.

### **Revision History**

| Revision<br>Number | Summary of Revisions   |  |  |  |
|--------------------|--|--|--|--|
| 07/04              | Developed and released prior to revision history requirement   |  |  |  |
| 05/08              | <ul> <li>Removed watermark so sheet can be printed from eDOCs or eBinder</li> <li>Revised American Red Cross Logo</li> <li>Placed into System 3 Document template</li> </ul> |  |  |  |

American Red Cross Biomedical Services Form: CJD Information Sheet

Instructions--Page 1 of 1 ARC F6628CJD 05/08