

**DONOR MEDICAL HISTORY INTERVIEW FORM**

Donor Identifier: \_\_\_\_\_

Date: \_\_\_\_\_

Photo Identification: \_\_\_\_\_

ID Checked by: \_\_\_\_\_

Cells / Tissues Donated: \_\_\_\_\_

Date of Last Interview: \_\_\_\_\_

Recovery Method:     Masturbation     Epididymal aspiration     Trans-vaginal aspiration

Donation Type:         Anonymous         Directed Donor

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- \_\_\_\_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 sterile procedures were not used, e.g., contaminated instruments and/or ink were used, or shared instruments that had not been sterilized between uses were used?
- \_\_\_\_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 being caused by hepatitis A virus (e.g., a reactive IgM anti-HAV test), Epstein-Barr Virus (EBV), or cytomegalovirus (CMV)?
- \_\_\_\_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. **If the answer is yes to this question defer donation for 90 days or 14 days after all complications have resolved, whichever is the later date.**
- \_\_\_\_yes \_\_\_\_no 13. Have you had a medical diagnosis of WNV infection? **If the answer is yes to this question defer donation for 120 days from diagnosis or onset of symptoms, whichever is the later date or 28 days after condition has resolved.**

Donor Identifier \_\_\_\_\_

- yes  no 14. Have you had both a fever and a headache (simultaneously) during the 7 days prior to donation? **If yes, defer donation for 120 days from the onset of illness.**
- yes  no 15. Have you been diagnosed with Zika virus infection, been in an area with active Zika virus transmission, or had sex with a male with either of those risk factors, within the past six months?
- yes  no 16. Have you been treated for syphilis within the preceding 12 months? **If yes, defer donation until 12 months and / or after evidence of successful treatment.**
- yes  no 17. Have you been diagnosed with or treated for Chlamydia in the preceding 12 months? **If yes, defer donation until 12 months and / or after evidence of successful treatment.**
- yes  no 18. Have you been diagnosed with or treated for Gonorrhea in the preceding 12 months? **If yes, defer donation until 12 months and / or after evidence of successful treatment.**
- yes  no 19. Have you ever been diagnosis with vCJD or any other form of 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 received a non-synthetic dura mater transplant?
- yes  no 22. Have you ever taken human pituitary-derived growth hormone?
- yes  no 23. Have you ever had a blood relative diagnosed with CJD?
- 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 cumulatively from 1980 through 1990, or elsewhere in Europe (Greece, Turkey, Spain, Portugal, and Italy) for 6 months or more cumulatively from 1980 through 1996?
- yes  no 26. Have you lived 5 years or more cumulatively 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. and France 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. Are you or any of your 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 30. Have you had a transfusion or received blood or blood products in the last 48hrs?

Donor Identifier \_\_\_\_\_

The following questions need only be asked if there is a SARS outbreak in the world. Contact the CDC website (<http://www.cdc.gov/ncidod/sars/index.htm>) or call CDC (888-246-2675) to obtain the up-to-date information concerning areas affected by SARS. **If there is cases of SARS ask the following questions, otherwise note N/A.**

\_\_\_yes \_\_\_no 31. Have you traveled to or resided (the areas affected) in the last 14 days?

\_\_\_yes \_\_\_no 32. Have you had close contact with someone who has traveled to or resided (the areas affected) in the last 14 days?

\_\_\_yes \_\_\_no 33. Have you been treated for SARS or suspected you had SARS in the last 28 days?

\_\_\_yes \_\_\_no 34. Have you had close contact within the previous 14 days with persons with SARS or suspected SARS.

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Authorized person completing initial Medical History Interview form:

\_\_\_\_\_  
Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Authorized person interviewing donor, reviewing form and verifying that no changes have occurred to the medical history\* within 30 days prior to oocyte donation:

\_\_\_\_\_  
Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*  Changes to the medical history have occurred; please refer to updated Medical History Interview form.

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date