MAYO CLINIC

Tissue Donor History Questionnaire

This form collects information that is not part of the medical record.
For local storage only.

Mayo Clinic Number and Name Above

Instructions: Respond by marking ☒ in the appropriate box.

YES	NO	
		Are you
☐	☐	1. Feeling healthy and well today?
☐	☐	2. Currently taking an antibiotic?
☐	☐	3. Currently taking any other medication for an infection?
		Please read the Medication Deferral List.
☐	☐	4. Are you now taking or have you ever taken any medications on the Medication Deferral List?
☐	☐	5. Have you read the educational material?

YES	NO	
		*In the past **eight weeks** have you*
☐	☐	6. Had any vaccinations or other shots?
☐	☐	7. Had contact with someone who had a smallpox vaccination?

YES	NO	
		Please read Zika virus educational materials.
		*In the past **six months** have you*
☐	☐	8. Been diagnosed with Zika virus infection or been to an at risk area and had two or more symptoms of a Zika virus infection?
☐	☐	9. Been to an area at risk for Zika virus infection?
☐	☐	10. Had sexual contact with someone who has lived in an area at risk for Zika virus infection?
☐	☐	11. Had sexual contact with a person who has been diagnosed with Zika virus or had two or more symptoms of a Zika virus infection in the last six months?

YES	NO	
		*In the past **12 months** have you*
☐	☐	12. Been diagnosed with West Nile Virus infection?
☐	☐	13. Had a blood transfusion?
☐	☐	14. Had a tissue transplant or graft such as bone or skin?
☐	☐	15. Come into contact with someone else's blood?
☐	☐	16. Had an accidental needle-stick?
☐	☐	17. Had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus?
☐	☐	18. Had sexual contact with a prostitute or anyone else who takes money or drugs or other payment for sex?
☐	☐	19. Had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything not prescribed by their doctor?
☐	☐	20. Had sexual contact with anyone who has hemophilia or has used clotting factor concentrates?
☐	☐	21. Had sexual contact with a person who has hepatitis?
☐	☐	22. Lived with a person who has hepatitis?
☐	☐	23. Had a tattoo?
☐	☐	24. Had ear or body piercing?
☐	☐	25. Had or been treated for syphilis, chlamydia, or gonorrhea?
☐	☐	26. Been in juvenile detention, lockup, jail, or prison for more than 72 hours?

YES	NO	
		*In the past **three years** have you*
☐	☐	27. Been outside the United States or Canada?

Mayo Clinic Number	Patient Name

YES NO

*From **1980 through 1996,***

☐ ☐ 28. Did you spend time that adds up to three months or more in the United Kingdom? (England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands)

☐ ☐ 29. Were you a member of the U.S. military, a civilian military employee, or a dependent of a member of the U.S. military in Spain, Portugal, Turkey, Italy, Greece, Belgium, Netherlands, or Germany?

YES NO

*From **1980 to the present,** did you*

☐ ☐ 30. Spend time that adds up to five years or more in Europe? (Review list of countries in Europe.)

☐ ☐ 31. Receive a blood transfusion in France or the United Kingdom? (England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands.)

YES NO

*Have you **EVER***

☐ ☐ 32. Female donors: Had sexual contact with a male who has ever had sexual contact with another male?
☐ I am male

☐ ☐ 33. Received money, drugs, or other payment for sex?

☐ ☐ 34. Male donors: Had sexual contact with another male, even once?
☐ I am female

☐ ☐ 35. Used a needle to take drugs, steroids, or anything not prescribed by your doctor?

☐ ☐ 36. Used clotting factor concentrates?

YES NO

☐ ☐ 37. Had a positive test for the HIV/AIDS virus?

☐ ☐ 38. Had hepatitis?

☐ ☐ 39. Had malaria?

☐ ☐ 40. Had Chagas' disease?

☐ ☐ 41. Had babesiosis?

☐ ☐ 42. Been diagnosed with a neurologic condition?

☐ ☐ 43. Have you or any of your relatives had Creutzfeldt-Jakob disease?

☐ ☐ 44. Had a transplant such as organ or bone marrow?

☐ ☐ 45. Received a dura mater (or brain covering) graft?

☐ ☐ 46. Had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an animal?

☐ ☐ 47. Has your sexual partner or any member of your household ever had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an animal?

☐ ☐ 48. For donors under 18 years old, were you born to a mother with or at risk for HIV infection and:
– are 18 months of age or younger, or
– have been breastfed within the preceding 12 months
☐ I am an adult

Donor/Guardian Signature _____ Date *(Month DD, YYYY)*_____

For Mayo Clinic Personnel Use Only

Question No. Explanation (include reason for acceptance or deferral and related dates, if applicable)

_____ _____

_____ _____

_____ _____

_____ _____

Evaluation Performed by _____ Date *(Month DD, YYYY)*_____