LifeServe BLOOD CENTER

WHAT TO EXPECT DURING YOUR DONATION

IMPORTANT INFORMATION:

Pre-donation:

- Drinking plenty of fluids, eating a good meal, increasing your salt intake slightly, and receiving plenty of rest prior to your donation are important factors to a positive donation experience.

Donation:

- It is crucial that the health and lifestyle questions asked during the Donor History Screening process are answered with honesty. These questions are mandated by the Food & Drug Administration (FDA) to ensure a safe blood supply. All answers are confidential and used only to determine donor eligibility.
- If you feel uncomfortable or believe your blood may not be eligible for donation during any step of the donation process, simply tell a LifeServe Blood Center team member and we will discontinue the donation process.
- During the donation process, the vast majority of donors feel fine. However, some donors may experience dizziness, light-headedness or nausea. There may be slight pain, numbness, tingling, bruising or a red mark where the needle was inserted.

Post-donation:

- Avoid vigorous exercise after your donation.
- Do not smoke within one hour of your donation.
- Do your best to drink four extra glasses of water over the next couple of days to rehydrate.
- Apply firm pressure if the needle site starts to bleed.
- Contact LifeServe Blood Center if you have specific care questions at 800-287-4903, ext. 4876.

There is no substitute for your donation, so each and every time you give you make a difference. You save lives!

Giving blood is safe and simple and the benefit is profound – **you will save lives**. All across the globe and right in your neighborhood, someone needs blood to fight a disease or illness, accident or injury. With your blood donation today, you will help a family during their critical time of need.

DONATION PROCESS:

Donor History Screening

We want to make sure you are healthy prior to your donation. During this step in the process you will:

- Receive a mini-physical
- Answer health and lifestyle questions
- Have your hemoglobin checked with a finger prick

Donation

During your donation, our professional LifeServe Blood Center team members will take great care of you! Sit back and relax as one of our team members collect your donation – one pint takes about five to 10 minutes. You may feel a slight pinch, but that's it!

Snacks

After your donation, you will receive post-donation instructions and be directed to the snack area where you will rest and enjoy refreshments knowing you made a huge difference with your generous donation!

Thank you for being a blood donor!

YOUR BLOOD. YOUR HOSPITAL. YOUR NEIGHBORS.

BLOOD DONOR EDUCATIONAL MATERIAL

READ THIS BEFORE YOU DONATE!

We know that you would not donate unless you think your blood is safe. However, in order for us to assess all risks that may affect you or a patient receiving a transfusion, it is essential that you answer each question **completely and accurately**. If you don't understand a question, ask the blood center staff. All information you provide is confidential.

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

- Ask about your health and travel
- Ask about medicines you are taking or have taken
- Ask about your risk for infections that can be transmitted by blood - especially AIDS and viral hepatitis
- Take your blood pressure, temperature and pulse
- Take a blood sample to be sure your blood count is acceptable

Travel to or birth in other countries:

Blood donor tests may not be available for some infections 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.

If you are eligible to donate, we will:

- Clean your arm with an antiseptic. Tell us if you have any skin allergies.
- Use a new, sterile, disposable needle to collect your blood.

What happens after your donation:

To protect patients, your blood is tested for several types of hepatitis, HIV, syphilis, and other infections. If your blood tests positive it will not be given to a patient. There are times when your blood is not tested. If this occurs, you may not receive any notification. You will be notified about any positive test result which may disqualify you from donating in the future. The blood center will not release your test results without your written permission unless required by law (e.g. to the Health Department).

DONOR ELIGIBILITY – SPECIFIC INFORMATION

Certain diseases, such as AIDS and hepatitis, can be spread through sexual contact and enter your bloodstream. We will ask specific questions about sexual contact.

What do we mean by "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 activities below, 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)
- Anal sex (contact between penis and anus)

HIV/AIDS RISK BEHAVIORS

HIV is the virus that causes AIDS. It is spread mainly by sexual contact with an infected person OR by sharing needles or syringes used by an infected person for injecting drugs.

DO NOT DONATE IF YOU:

- Have ever had HIV/AIDS or have ever had a positive test for the HIV/AIDS virus
- Have used needles to take any drugs not prescribed by your doctor IN THE PAST 3 MONTHS
- Have taken money, drugs or other payment for sex IN THE PAST 3 MONTHS
- Have had sexual contact IN THE PAST 3 MONTHS with anyone who has ever had HIV/AIDS or has ever had a positive test for the HIV/AIDS virus, ever taken money, drugs or other payment for sex, or ever used needles to take any drugs not prescribed by their doctor
- Are a male who has had sexual contact with another male, IN THE PAST 3 MONTHS
- Are a female who has had sexual contact IN THE PAST 3 MONTHS with a male who has had sexual contact with another male IN THE PAST 3 MONTHS
- Have had syphilis or gonorrhea IN THE PAST 3 MONTHS
- Have been in juvenile detention, lockup, jail or prison for 72 or more consecutive hours IN THE PAST 12 MONTHS
- Have a history of Ebola virus infection or disease

DO NOT donate to get a test! If you think you may be at risk for HIV/AIDS or any other infection, do not donate simply to get a test. Ask us where you can be tested outside the blood center.

DO NOT donate if you have these symptoms which can be present before an HIV test turns positive:

- Fever
- Enlarged lymph glands
- Sore throat
- Rash

Your blood can transmit infections, including HIV/AIDS, even if you feel well and all your tests are normal. This is because even the best tests cannot detect the virus for a period of time after you are infected.

IMPORTANT NEW INFORMATION

DO NOT DONATE if you:

- Are taking any medication to **prevent HIV** infection these medications may be known by you under the following names: PrEP, PEP, TRUVADA, or DESCOVY.
- Have taken such a medication in **the past 3 months.**
- Have EVER taken any medication to **treat HIV** infection.

DO NOT donate if your donation might harm the patient who receives the transfusion.

Thank you for donating blood today!

YOUR IRON LEVELS & BLOOD DONATION

As a generous blood donor, your health and safety are our main priority. Whether this is your first time donating or you have been giving blood for years, it is important to know how your hemoglobin level, which is an iron/protein molecule in your red blood cells, may be affected by donating blood and steps to follow to ensure you feel your best.

WHAT IS HEMOGLOBIN & WHY IS IT IMPORTANT?

Hemoglobin is an iron/protein molecule in red blood cells that allows our red blood cells to carry oxygen to cells, tissues, and organs. During the donation process, we measure your hemoglobin level with a finger prick to ensure your iron levels are high enough to donate safely. Each time you make a blood donation (which contains red blood cells), you lose some iron with your donation. If you lose iron faster than you can replace it through your diet, you may become anemic. Many donors have adequate iron levels to donate blood safely, but frequent blood donors should be aware that blood donation may lead to low iron levels or anemia.

WHAT ARE OTHER CAUSES OF LOW IRON LEVELS?

In addition to frequent blood donation, low iron stores can result from:

- Menstruation and pregnancy
- Diets with low iron intake
- Decreased iron absorption from certain medications
- Disease of the digestive tract
- Other types of blood loss (e.g., stomach ulcers, polyps)

WHAT ARE THE CAUSES OF ANEMIA?

Other causes of anemia not related to low iron stores include:

- Chronic disease (such as diabetes, severe arthritis, or kidney disease),
- Immune destruction of red blood cells
- Acute blood loss
- Vitamin deficiencies

IF I HAVE A LOW HEMOGLOBIN LEVEL...

WHAT ARE THE SYMPTOMS?

Often, people with low hemoglobin levels have no symptoms. Those suffering from abnormally low levels, known as anemia, may notice:

- Fatigue
- Pale skin
- Chest pain
- Dizziness
- Shortness of breath
- Headaches
- Cold hands and feet

DO I NEED TO SEE A PHYSICIAN?

LifeServe Blood Center cannot determine the cause of your low hemoglobin level. If you find at the time of your donation that you do have a low hemoglobin level and you are not a frequent blood donor, then you may wish to have your hemoglobin level rechecked.

If you donate three or more times a year and do not have other causes of anemia or low iron levels, your low hemoglobin could be related to blood donation. Simply increasing the amount of high iron foods in your routine diet or taking iron supplements should restore your iron levels to normal during the next several months.

HOW CAN I INCREASE MY IRON LEVEL?

To increase your iron, we encourage you to:

1. **Consume iron rich foods, which include:**
   - Red meat (especially liver) and tofu
   - Fish and shellfish (especially clam, oyster, and shrimp)
   - Spinach or other dark leafy vegetables
   - Peas, lentils, chickpeas, and soybeans
   - White, red, or baked beans
   - Iron-fortified cereals and breads
2. **Consume adequate amounts of vitamin C to aid with iron absorption.**
3. **Speak with your doctor or dietician about vitamin supplements containing iron.**

CAN I CONTINUE TO DONATE BLOOD?

Absolutely! Approximately 10 percent of potential donors are not able to donate blood at one time or another due to low hemoglobin level. If your hemoglobin is low, we encourage you to follow the steps above to increase your level prior to your next donation. If you received an abnormally low level and/or are symptomatic, please speak with your primary physician before you attempt to donate again.

431 East Locust | Des Moines, Iowa 50309 | 800.287.4903 | lifeservebloodcenter.org

REFERENCE GUIDE

Quick Tips for Completing the Donor Questionnaire

Prior to the donation, you will be asked a series of health and lifestyle questions. To assist you in answering these questions accurately, we've provided a quick reference guide for the travel and medication history questions.

Travel History

During the donor questionnaire, you will be asked about your travel and residency in certain countries. Please review the countries below carefully. If you were born in, have lived in or visited these countries, you may not be eligible to donate.

Countries in the United Kingdom

(reference for questions 30 and 32)

- The Channel Islands
- England
- Falkland Islands
- Gibraltar
- The Isle of Man
- Northern Ireland
- Scotland
- Wales

European Countries

(reference for question 31)

- France
- Ireland

IMPORTANT

- Please **read each question carefully** before selecting the answer.
- Be sure to reference the **medication and country list** on this guide.
- If there are **questions you do not understand**, please leave them blank.

Questions completing the questionnaire?

A LifeServe Blood Center staff member will be **happy to assist you**.

Once you have completed the questionnaire, **please let us know!**

Thank you for being a blood donor!

LifeServe BLOOD CENTER

YOUR BLOOD. YOUR HOSPITAL. YOUR NEIGHBORS.

MEDICATION DEFERRAL LIST

DO NOT STOP taking medications prescribed by your doctor in order to donate blood.

Some medications affect your eligibility as a blood donor for the following reasons:

Antiplatelet agents affect platelet function, so people taking these drugs should not donate platelets for the indicated time. You may still be able to donate whole blood or red blood cells by apheresis.

Anticoagulants or "blood thinners" are used to treat or prevent blood clots in the legs, lungs, or other parts of the body, and to prevent strokes. These medications affect the blood's ability to clot, which might cause excessive bruising or bleeding when you donate. You may still be able to donate whole blood or red blood cells by apheresis.

Isotretinoin, finasteride, dutasteride, acitretin, and etretinate can cause birth defects. Your donated blood could contain high enough levels to damage the unborn baby if transfused to a pregnant woman.

Thalomid (thalidomide), Erivedge (vismodegib), Odomzo (sonidegib), Aubagio (teriflunomide), and Rinvoq (upadacitinib) may cause birth defects or the death of an unborn baby if transfused to a pregnant woman.

Cellcept (mycophenolate mofetil) and Arava (leflunomide) are immunosuppressants that may cause birth defects or the death of an unborn baby if transfused to a pregnant woman.

PrEP or pre-exposure prophylaxis involves taking a specific combination of medicines as a prevention method for people who are HIV negative and at high risk of HIV infection.

PEP or post-exposure prophylaxis is a short-term treatment started as soon as possible after a high-risk exposure to HIV to reduce the risk of infection.

ART or antiretroviral therapy is the daily use of a combination of HIV medicines (called an HIV regimen) to treat HIV infection.

Hepatitis B Immune Globulin (HBIG) is an injected material used to prevent hepatitis B infection following a possible or known exposure to hepatitis B. HBIG does not prevent hepatitis B infection in every case; therefore, persons who have received HBIG must wait to donate blood.

Experimental medication or unlicensed (experimental) vaccine is usually associated with a research study and the effect on the safety of transfused blood is unknown.

MEDICATION DEFERRAL LIST

DO NOT STOP taking medications prescribed by your doctor in order to donate blood. Donating while taking these drugs could have a negative effect on your health or on the health of the recipient of your blood. **PLEASE TELL US IF YOU**:

Are being treated with any of the following types of medications:	or have taken:	which is also called:	anytime in the last:
Antiplatelet agents (usually taken to prevent stroke or heart attack)	Feldene	piroxicam	3 days
	Effient	prasugrel	3 days
	Brilinta	ticagrelor	7 days
	Plavix	clopidogrel	14 days
	Ticlid	ticlopidine	14 days
	Zontivity	vorapaxar	1 month
Anticoagulants or "blood thinners" (usually taken to prevent blood clots in the legs and lungs and to prevent strokes)	Arixtra	fondaparinux	2 days
	Eliquis	apixaban	2 days
	Fragmin	dalteparin	2 days
	Lovenox	enoxaparin	2 days
	Pradaxa	dabigatran	2 days
	Savaysa	edoxaban	2 days
	Xarelto	rivaroxaban	2 days
	Coumadin, Warfilone, Jantoven	warfarin	7 days
	Heparin, low-molecular-weight heparin		7 days
Acne treatment	Accutane Amnesteem Absorica Claravis Myorisan Sotret Zenatane	isotretinoin	1 month
Multiple myeloma	Thalomid	thalidomide	Permanent
Rheumatoid arthritis	Rinvoq	upadacitinib	1 month
Hair loss remedy	Propecia	finasteride	1 month
Prostate symptoms	Proscar	finasteride	1 month
	Avodart Jalyn	dutasteride	6 months
Immunosuppressant	Cellcept	mycophenolate mofetil	6 weeks
HIV Prevention (PrEP and PEP)	Truvada, Descovy, Tivicay, Isentress	tenofovir, emtricit-abine dolutegravir, raltegravir	3 months
Basal cell skin cancer	Erivedge Odomzo	vismodegib sonidegib	24 months
Relapsing multiple sclerosis	Aubagio	teriflunomide	24 months
Rheumatoid arthritis	Arava	leflunomide	24 months
Hepatitis exposure	Hepatitis B Immune Globulin	HBIG	12 months
Experimental Medication or Unlicensed (Experimental) Vaccine			12 months
Psoriasis	Soriatane	acitretin	36 months
	Tegison	etretinate	Ever
HIV treatment also known as antiretroviral therapy (ART)			Ever

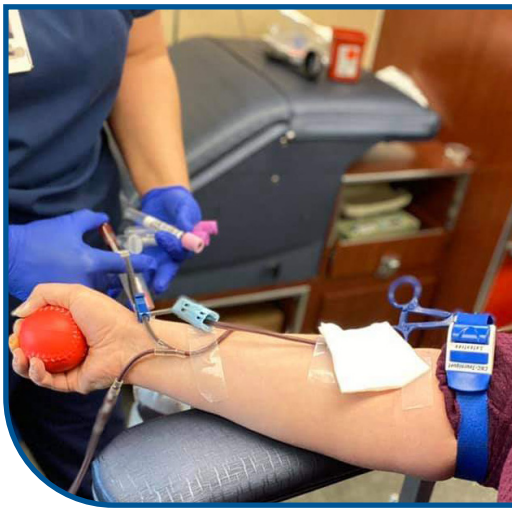
CIRCUMSTANCES LIST

SOME CIRCUMSTANCES MAY AFFECT YOUR ABLILITY TO DONATE CERTAIN DONATION TYPES. **PLEASE TELL US IF YOU** ...

Anytime in the last...	Have had...
Today	• Routine dental cleaning • Severe acute disease of any form (a current disease of sudden onset that disrupts most of the person's normal activities)
7 days	• Minor dental procedure such as tooth extraction, root canal, filling, or similar treatment • Minor surgery that did not require more than local anesthesia
14 days	• Fever • Flu-like Illness
4 months	• Endoscopic procedure • Major dental procedure that required more than local anesthesia • Major surgery that required more than local anesthesia • Splash to face or open wound with someone else's blood • Needlestick injury with a needle exposed to someone else's blood • Tattoo • Ear or body piercing • Receipt of a blood transfusion • Receipt of an organ or tissue transplant • Receipt of a bone, skin or tissue graft
6 months	• Toxoplasmosis
12 months	• Catheter • Completed treatment for syphilis • Sexual contact with someone who has taken clotting factor concentrates • Females Only: sexual contact with a man who has had sexual contact, even once, with another man • Sexual contact with someone with a history of a positive HIV/AIDS test • Sexual contact with someone who has ever exchanged sex for money or drugs • Sexual contact with someone who has ever used needles to take drugs, steroids or anything NOT prescribed by their doctor
2 years	• Brucellosis • Osteomyelitis • Q Fever • Tuberculosis • Rheumatic Fever
3 years	• Convulsions • Seizures • Taken anticonvulsant medication • Syncope

Ever	• Cornea transplant
	• Animal tissue transplant
	• Used clotting factor concentrates more than once
	• Positive test for HTLV I/II
	• Males Only: sexual contact with another male, even once
	• Exchanged sex for drugs or money
	• Used needles to inject drugs, steroids or anything NOT prescribed by a doctor
	• Used human growth hormone or any other medicines made from pituitary glands
	• Diagnosed with Creutzfeldt-Jakob Disease (CJD) or variant-Creutzfeldt-Jakob Disease (vCJD)
	• Blood relative diagnosed with genetic CJD or any other transmissible spongiform encephalopathy
	• Chronic (lasting three or more months) or relapsing (a disease that returns after the signs and symptoms had disappeared) disease of any form:
	  • Renal Disease
	  • Liver Disease
	  • Central Nervous System Disease
	  • Immunological Disease
	  • Gastrointestinal Disease
	  • Genitourinary Disease
	  • Respiratory Disease
	  • Metabolic Disease

Platelets, Plasma, Red Cells Donation



IF YOU WILL BE DONATING DOUBLE RED CELLS, PLATELETS OR PLASMA TODAY PLEASE READ THIS.

APHERESIS DONORS MUST READ THIS PRE-DONATION INFORMATION BEFORE SIGNING THE INFORMED CONSENT FOR BLOOD DONATION

I volunteer to the process of apheresis for the collection of Platelets/Plasma/Red Cells from my blood.

I understand that if I have donated whole blood or a single unit of red blood cells in the past eight weeks, two units of red blood cells in the past 16 weeks, or platelets in the past seven days, or plasma in the past 4 weeks, that I am not eligible to donate at this time. I can donate sooner if the apheresis machine I donated on has a red cell volume less than 100 mls.

I understand that my blood will be drawn by a needle from a large vein in one arm into a cell separator where a specific blood component will be removed by centrifugation. The specific components not removed by centrifugation will then be returned to me through a needle in the same arm. During the procedure, a sterile chemical anticoagulant is automatically added to my blood. I understand the anticoagulant used contains citrate. The anticoagulant is rapidly eliminated from my body. I understand this solution may cause numbness or a tingling sensation in my lips or fingertips and that if this occurs I am to notify the apheresis nurse or technician. The procedure may take from 30 minutes to two hours depending on the products collected. Any blood donation involves some loss of blood cells.

I understand that there are limitations to the number and types of components that can be donated per year such as, a donation of platelets 24 times in a rolling 12 month period or a donation of double red cells 3 times in a calendar year, or a donation of plasma once in 28 days. I understand that I should only participate in one plasmapheresis program at a time for my safety.

I have been advised of certain other procedural risks such as an unusual taste in my mouth, hyperventilation, itching, hives, abdominal cramps, nausea, vomiting, light-headedness, fainting, difficulty breathing, pallor, feeling of warmth, chills, excessive tiredness, seizures, cardiac arrhythmia, muscle spasms or cramping, complications at the needle site (such as bruising, swelling or pain), blood loss resulting from procedure termination and deferral from donation, infection, and air embolus, chest pain, or bronchospasm, which may be life-threatening. Possible long-term effects of apheresis may include a reduction in red blood cells and iron due to red blood cell loss, reduction in platelet activity with platelet donations, and a reduction in plasma proteins (including antibodies) with plasma donations.

I have read and understand the procedure and risks and am voluntarily consenting to apheresis. All questions and concerns which I may have about this procedure have been answered in a satisfactory manner by either the apheresis staff or the Medical Director. I authorize LifeServe's physicians, and the physicians' assistants, or designees to perform such therapies or procedures as may become necessary as a result of, or subsequent to, this procedure. I realize I may withdraw from the apheresis program at any time. I understand a copy of this consent will be given to me at my request.

CONVALESCENT PLASMA EDUCATION INFORMATION

Convalescent plasma is the liquid part of blood that is collected from individuals who have recently recovered from COVID-19 and developed antibodies in their plasma that attack the virus. Donations of convalescent plasma have proven to be a crucial treatment option for critically ill patients battling COVID-19.

Studies have shown that convalescent plasma with more than a certain amount of COVID-19 antibodies is most effective in treating patients with COVID-19. This convalescent plasma is called "high titer." Donors who have a high titer of the COVID-19 antibody are encouraged to donate convalescent plasma as long as their antibody titer levels remain above a certain level, which can be for several months.

Why is this important to me as a blood donor?

If you have opted in to have your blood donation tested for the COVID-19 antibody testing today, this test will determine if there is presence of the COVID-19 antibody and the amount (titer). Results that show a high titer level of the antibody will allow us to use the plasma portion of your donation as a convalescent plasma unit to be transfused to a patient battling COVID-19.

How will I know the results of my COVID-19 antibody test and/or my titer value?

Within 5-7 days, your COVID-19 antibody test results can be found on your donor portal on our website – lifeservebloodcenter.org. This secure site is specific to your information and will contain your COVID-19 antibody test result.

If you are interested in the specific titer level, please email your request to: blooddonor@lifeservebloodcenter.org. The test we are using requires a value greater than 3.3 to be considered high titer.

What if my COVID-19 antibody test is positive and my COVID-19 antibody titer level is high?

You are the perfect candidate to provide a convalescent plasma blood donation. The amount of COVID-19 antibodies that have been created meet the desired criteria for transfusion to a patient battling COVID-19. The plasma portion of your donation today will be used as a convalescent plasma product. Based on the level of your titer, we may ask you to schedule future convalescent plasma donations to continue to help those critically ill patients.

What if my COVID-19 antibody test is negative?

A negative test results means that you have not been infected with the COVID-19 virus and/or your immune system has not created enough antibodies to be detected.

What if my COVID-19 antibody test is positive but my titer level is low?

This means that your body created an immune response to the COVID-19 virus and created antibodies to fight the infection. At this time, you are not producing enough COVID-19 antibodies to meet the desired amount for the plasma portion of your blood donation to be considered a convalescent plasma product.

The good news is that your donation will absolutely save lives by helping patients who are in need of red blood cells, platelets and plasma (not convalescent).

Is there a reason why my COVID-19 antibody titer may be low?

Everyone responds differently to a COVID-19 infection, including the amount of antibody produced. Sometimes they do not produce enough to reach the threshold for high titer. Other times they previously had enough, but now are producing less. This is normal. At this time, research shows that COVID-19 antibodies are detectable for about three months after infection, but again, everyone is different.

If I have a low COVID-19 antibody titer, am I more likely to be re-infected with COVID-19?

Probably not, but everyone is different. At this time, experts do not know how long someone is protected from getting sick again after recovering from COVID-19. Receiving the COVID-19 vaccine is one way to help avoid the possibility of re-infection.

Thank you for you being a blood donor!

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