

### Medication Deferral List

CF105 Version 5.0 Effective Date: 9-25-23

**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:	
<b>Antiplatelet agents</b> (Usually taken to prevent stroke or heart attack) <b>OK for Whole Blood Donations/Make no platelets</b>	Feldene	piroxicam	<b>2 Days</b>	
	Effient	prasugrel	<b>3 Days</b>	
	Brilinta	ticagrelor	<b>7 Days</b>	
	Plavix	clopidogrel	<b>14 Days</b>	
	Ticlid	ticlopidine		
	Zontivity	vorapaxar	<b>1 Month</b>	
<b>Anticoagulants or “blood thinners”</b> (usually taken to prevent blood clots in the legs and lungs and to prevent strokes)	Arixtra	fondaparinux	<b>2 Days</b>	
	Eliquis	apixaban		
	Fragmin	dalteparin		
	Lovenox	enoxaparin		
	Pradaxa	dabigatran		
	Savaysa	edoxaban		
	Xarelto	rivaroxaban		
	Coumadin, Warfilone, Jantoven	warfarin	<b>7 Days</b>	
Heparin, low-molecular-weight heparin				
<b>Acne treatment</b>	Accutane    Amnesteem    Absorica Claravis    Myorisan    Sotret Zenatane	isotretinoin	<b>1 Month</b>	
<b>Multiple myeloma</b>	Thalomid Revlimid	thalidomide lenalidomide		
<b>Rheumatoid arthritis</b>	Rinvoq	upadacitinib		
<b>Hair loss remedy</b>	Propecia	finasteride		
<b>Prostate symptoms</b>	Proscar	finasteride		
	Avodart Jalyn	dutasteride	<b>6 Months</b>	
<b>Immunosuppressant</b>	Cellcept	mycophenolate mofetil	<b>6 Weeks</b>	
<b>Hepatitis exposure</b>	Hepatitis B Immune Globulin	HBIG	<b>3 Months</b>	
<b>HIV prevention</b> (also known as PrEP or PEP)	Any medication taken by mouth (oral) to prevent HIV.	Truvada		emtricitabine and tenofovir disoproxil fumarate
		Descovy		emtricitabine and tenofovir alafenamide
	Injectable HIV prevention	Apretude	cabotegravir	<b>2 Years</b>
<b>Basal cell skin cancer</b>	Erivedge Odomzo	vismodegib sonidegib	<b>2 Years</b>	
<b>Relapsing multiple sclerosis</b>	Aubagio	teriflunomide		
<b>Rheumatoid arthritis</b>	Arava	leflunomide		
<b>Psoriasis</b>	Soriatane	acitretin	<b>3 Years</b>	
	Tegison	etretinate	<b>Ever</b>	
<b>HIV treatment</b>	Any medication to treat HIV. May also be called antiretroviral therapy (ART)			

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<b>Methotrexate</b> (may be used to treat rheumatoid arthritis, lupus, psoriasis, cancer, ectopic pregnancy)	Amethopterin, Methotrexate Sodium MTX, Otrxup, Rheumatrex, Trexall	Methotrexate	<b>3 months</b>
<b>Opiate withdrawal</b>	Suboxone	Buprenorphine + naloxone	<b>3 months</b>
	Subutex	buprenorphine	
	Methadose****  *** no deferral if taken for chronic pain	Methadone****  *** no deferral if taken for chronic pain	
<b>Experimental medication</b>			<b>12 months or as determined by the medical director</b>

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

## Blood Donor Educational Material

Document ID CF101 Version 4.1 Effective Date 1-1-24

### **YOU MUST READ THIS BEFORE YOU DONATE!**

- **Your accurate and honest responses are critical to the safety of patients who receive blood transfusions.**
- Each question is necessary to fully evaluate the safety of your donation.
- As required by regulations, we are instructing you not to donate blood if you have a risk factor.
- If you don't understand a question, ask the blood center staff for assistance.
- YOUR RESPONSES ARE CONFIDENTIAL.

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

- Ask about your health and medications you are taking or have taken.
- Ask if you have traveled to or lived in other countries.
- Ask about your risk for infections that can be transmitted by blood – especially HIV (which is the virus that causes AIDS), and viral hepatitis.
- Take your blood pressure, temperature, and pulse.
- Take a blood sample to be sure your blood count is acceptable before you 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 sterile needle and tubing set to collect your blood.

We NEVER reuse a needle or tubing set.

### **WHAT HAPPENS AFTER YOUR DONATION**

To protect patients, your blood is tested for hepatitis B and C, HIV, syphilis, and other infections. If your blood tests positive, it will not be given to a patient. You will be notified about any positive test result which may affect when you are eligible to donate in the future. There are times when your blood is not tested. If this occurs, you may not receive any notification. The blood center will not release your test results without your written permission unless required by law (e.g., to the Health Department). I understand and agree that my blood and stored blood samples may be used for transfusion, further manufacturing, testing, training, research, and other uses as needed.

### **DONOR ELIGIBILITY – SPECIFIC INFORMATION**

Certain infectious diseases, such as HIV and hepatitis, can be spread through:

- Sexual contact
- Other activities that increase risk
- Blood transfusion

We will ask specific questions about sexual contact and other activities that may increase risk for these infections.

### **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. These questions apply to all of the activities below, whether or not medications, condoms or other protection were used to prevent infection or pregnancy:

- 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)

### **A “new sexual partner” includes the following examples:**

- Having sex with someone for the first time  
OR
- Having had sex with someone in a relationship that ended in the past and having sex again with that person in the last 3 months.

### **HIV/Hepatitis risk factors**

HIV and hepatitis are spread mainly by sexual contact with an infected person OR by sharing needles or syringes used by an infected person to inject drugs.

### **DO NOT DONATE if you:**

- **Have EVER taken any medication to treat HIV infection.**
- **Are taking any medication to prevent HIV infection. These medications may be called: PrEP, PEP, TRUVADA, DESCOVY, APRETUDE or many other names.**

FDA-approved antiretroviral drugs are safe and effective in preventing sexual transmission of HIV. However, these antiretroviral drugs do not fully eliminate the virus from the body, and donated blood can potentially still transmit HIV infection to a transfusion recipient.

**DO NOT STOP TAKING ANY PRESCRIBED MEDICATIONS IN ORDER TO DONATE BLOOD, INCLUDING PrEP and PEP MEDICATIONS.**

### **DO NOT DONATE if you:**

- Have **EVER** had a positive test for HIV infection.
- **In the past 3 months:**
  - Have had sexual contact with a new partner **and** have had anal sex.
  - Have had sexual contact with more than one partner **and** have had anal sex.
  - Have had sexual contact with anyone who has ever had a positive test for HIV infection.
  - Have received money, drugs, or other payment for sex.

## Blood Donor Educational Material

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- Have used needles to inject drugs, steroids, or anything not prescribed by your doctor.
- Have had sexual contact with anyone who has received money, drugs, or other payment for sex, **or** used needles to inject drugs, steroids, or anything not prescribed by their doctor.
- Have had syphilis or gonorrhea or been treated for syphilis or gonorrhea.
- **In the past 12 months:**
  - Have been in juvenile detention, lockup, jail or prison for 72 hours or more consecutively.
- Have **EVER** had Ebola virus infection or disease.

**DO NOT DONATE if you** have these symptoms which can be present before you test positive for HIV:

- Fever
- Enlarged lymph glands
- Sore throat
- Rash

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

### **DO NOT DONATE:**

- If you think you may be at risk for HIV or other infections.
- If your purpose for donating is to obtain test results for HIV or other infections. Ask us where you can be tested for HIV and other infections.
- If your donation might harm the patient who receives your blood.

### **THANK YOU FOR DONATING BLOOD TODAY!**

#### **Marsh Regional Blood Center**

Kingsport (423) 408-7500

Bristol (423) 652-0014

Johnson City (423) 282-7090

## Predonation Information on Iron Deficiency and Maintaining Iron Balance Post Donation

Adapted from AABB Association Bulletin # 17-02, updated July 2022

### **Thank you for coming to donate blood.**

We care about your health and want you to know that donating blood reduces iron stores in your body. In many people, this has no effect on their health. However, in some people, particularly younger donors (especially those age 16-20), premenopausal women, and frequent donors of either gender, blood donation may remove most of the body's iron stores. We want you to understand these issues more clearly.

#### What happens to me during a blood donation?

Red blood cells are red because of the way iron is carried in hemoglobin, a protein that brings oxygen to the body. Therefore, the removal of red blood cells during blood donation also removes iron from your body. The impact of this iron loss on your health varies among donors.

#### How does blood donation affect iron stored in my body?

Iron is needed to make new red blood cells to replace those you lose from donation. To make new red blood cells, your body either uses iron already stored in your body or uses iron that is in the food you eat. Many women have only a small amount of iron stored in their body, which is not enough to replace the red blood cells lost from even a single donation. Men have more iron stored in their body. However, men who donate blood often (more than two times per year) may also have low iron stores.

#### Does the blood center test for low iron stores in my body?

No, the blood center tests your hemoglobin but not your iron stores. Hemoglobin is a very poor predictor of iron stores. **You may have a normal amount of hemoglobin and be allowed to donate blood even though your body's iron stores are low.**

#### How may low iron stores affect me?

There are several possible symptoms associated with low iron stores. These include fatigue, decreased exercise capacity, and pica (a craving to chew things such as ice or chalk). In addition, having low iron stores may increase the possibility of having a low hemoglobin test, preventing blood donation.

#### What can I do to maintain my iron stores?

While eating a well-balanced diet is important for all donors, simply eating iron-rich foods *may not* replace all the iron lost from blood donation. To replace the iron lost in a whole blood donation, supplements containing 18 mg of elemental iron have been found to be effective. For example, a multivitamin with 18 mg of iron taken daily for 60 days has been found to be effective in replacing iron lost due to blood donation. Donors with hemoglobin values near the cut off for donation may benefit from supplements containing 18 mg of elemental iron.

Donors who donate double red cells may also benefit from taking supplements containing 18 mg of elemental iron daily for at least 60 days and up to 120 days after donating a double red cell product.

Donors who donate apheresis platelets and/or plasma frequently may not lose as much iron as donors who donate whole blood but over time these donors may also experience low iron stores over time, especially those whose hemoglobin is near the cut off for donation. These donors may also want to consider taking daily supplements containing 18 mg of elemental iron for 60 days after every 4<sup>th</sup> or 5<sup>th</sup> apheresis platelet and/or plasma donation.

Because iron supplements may be harmful in some individuals or mask conditions associated with blood loss from the digestive system (gastrointestinal blood loss), donors with a personal or family history of some conditions such as hereditary hemochromatosis, familial polyposis, or colorectal cancer should check with their health-care provider before taking iron supplements. Donors should also check with their health-care provider or pharmacists about the effects of iron on absorption of other medications.

Why doesn't a single big dose of iron replace what I lose during the donation?

Because people have a limit in iron absorption (i.e., 2-4 mg/day), taking iron in larger doses for a shorter period may not lead to better absorption (and may result in more side effects). The overall goal is to replace, over 1 to 3 months, 200-250 mg of iron lost during donation.

## Adverse Effects Associated with Blood and Blood Product Donations

Document ID CF109 Version 4.0 Effective Date 9-25-23

### **Side effects associated with all types of blood donation procedures include:**

- Fainting/Syncopal Reactions
- Headache
- Hematoma/Bruising
- Hyperventilation
- Hypovolemia (low blood volume)
- Iron Deficiency
- Lightheadedness
- Nausea
- Vomiting

### **Rare Effects include:**

- Phlebitis-inflammation of the walls of a vein
- Infection
- Nerve irritation or damage
- Arterial injury
- Incontinence
- Seizures
- Cardiac problems

### **Reactions that are unique to apheresis collection procedures include:**

- Allergic symptoms such as skin redness, itching, and hives.
- Chills (induced by infusion of room temperature saline or donor blood).
- Moderate hypocalcemia due to chelation of calcium by un-metabolized citrate (caused by infusion of anticoagulants containing citrate). Hypocalcemia is usually manifested by unusual taste or smell, tingling around the mouth or fingers, muscle discomfort, muscle twitching, nausea, or spasms.
- Severe hypocalcemia, although rare, includes tetany, convulsions, and cardiac arrhythmias.
- Rare complications may include blood loss, hemolysis, air embolism, and blood clotting, should an unexpected complication occur such as air embolus, hemolysis, blood clotting, irregular pulse, shock, hyperventilation, convulsions or cardiac difficulties, the procedure will be immediately terminated by the Blood Center staff.
- Long-term effects of repeated platelet apheresis on platelet and leukocyte counts are not known.

You will be closely monitored during the procedure to guard against these adverse reactions. Signs or symptoms of citrate toxicity are often mild and can be treated during the procedure by administering TUMS for calcium, slowing the reinfusion rate and/or pausing the procedure for a short period and giving saline. With any evidence of a more serious reaction, the procedure will be discontinued.