

This document is one component of the full-length and abbreviated PPTA donor history questionnaire documents for collection facilities that use an approved test for antibodies to HIV that detect HIV-1 Group O. The full-length and abbreviated PPTA donor history questionnaire documents must be used collectively.



Source Plasma Industry Risk Poster I

Sexual contact means any of the following (whether or not a condom or barrier device was used):

- Vaginal intercourse (**contact between penis and vagina**)
- Oral sex (**mouth or tongue on someone's vagina, penis, or anus**)
- Anal intercourse (**contact between penis and anus**).

Do NOT donate PLASMA, whole blood or platelets if you...

Ever

- **Had HIV/AIDS** (see list of **symptoms** below)
- Had a **positive test for HIV** (AIDS virus)
- Had a **positive test for hepatitis**
- **Had hepatitis** (after your 11th birthday)
- Used **needles** to take **drugs, steroids** or anything not prescribed by your doctor
- **Used clotting factor concentrates** for a bleeding disorder
- Had a transplant such as **organ** or **bone marrow**

Since 1977

- **Received money, drugs** or other payment for **sex**
- (**Male donors**) Had **sexual contact** with **another male**, even once

In the last 12 months

- Have **given money, drugs or other payment for sex**
- Have been **treated** for
 - **syphilis**
 - **gonorrhea**
- "Lived with" a person who has **hepatitis** (lived at same residence and shared kitchen and bathroom)
- **Had a blood** transfusion or received other blood products
- Received during surgery **bone, tissue** or **skin**
- Had an **accidental needle-stick** involving exposure to blood
- Had **contact** with **someone else's blood**
- Had a **tattoo applied**
- Had **ear or body piercing**
- Have **been in**
 - **juvenile detention**
 - **lock up**
 - **jail**
 - **prison**

For more than
72 hours
- **Had sexual contact with anyone who:**
 - **Has HIV/AIDS** (see list of symptoms below)
 - Has a **positive test for HIV** (AIDS virus)
 - **Has hepatitis**
 - Used **needles** to take **drugs, steroids** or anything not prescribed by their doctor
 - Has **hemophilia** or has **used clotting factor concentrates**
 - (**Female donors**) Had **sexual contact** with a male who has had sexual contact with another male, even once

Signs or symptoms of HIV/AIDS:

- | | |
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| <ul style="list-style-type: none"> • Unexplained weight loss • Night sweats • Blue or purple spots in your mouth or skin • White spots or unusual sores in your mouth | <ul style="list-style-type: none"> • Swollen lymph nodes for more than one month • Fever of more than 100.5 °F for more than 10 days • Cough that won't go away • Shortness of breath • Diarrhea that won't go away |
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