

Assessment Tool at HR / CT / WU

PURPOSE

To provide guidance in determining medical suitability and identify risks for relevant communicable disease agents and diseases (RCDAD) of potential matching donors at the HR, CT, and WU stages based on listed medical conditions.

OVERVIEW

While this document has over 250 medical conditions, it cannot encompass all potential diseases that might affect a donor or recipient. Consult appropriate medical staff if a potential donor reports an illness or condition that is not on this list.

Along with medical diseases, this Tool lists categories relating to RCDADs as defined in the FDA's Good Tissue Practices. It is a tool and instructions provided are recommended guidelines. It is acknowledged that careful medical evaluation of a potential donor's specific situation and medical status may result in a different assessment. (See *Disclaimer* on the last page.) In addition, with careful medical evaluation for some conditions, the volunteer may be considered for PBSC-only or marrow-only – if donation of that one product does not increase medical risk to the donor and the transplant center agrees and accepts the one product condition. Examples of conditions that might be considered for marrow-only are current treatment with lithium or sickle cell trait. Examples of conditions that might be considered for PBSC-only are sleep apnea or recent neck/back/hip issues with significant pain or limitations.

The document serves as a companion to A00329, *Rationale and Action Guide as HR/CT/WU*, in the evaluation of potential donors which provides guidance based on responses to questions on F00280, *NMDP Health History Screening Questionnaire*. This document provides guidance based on a specific medical condition that may be identified during the assessment process. At times, A00329, *Rationale and Action Guide as HR/CT/WU*, may direct the reader to the applicable medical condition in the Assessment Tool. The reader is also directed to an additional document, A00328, *Assessing Non-Medical Factors Affecting Donor Suitability*, when evaluating situations involving non-medical issues such as mental health or non-prescribed drug use. Additional tools for evaluating potential donors (including issues relating to head injury/concussion, neck/back and cardiac problems) may be found in the *Assessment Notebook at Search* on the NMDP Network website.

As a donor moves through the search process (HR to CT to WU), the possible selection of that donor for stem cell donation becomes more likely and assessment becomes more critical. In practical terms, a condition that might have caused deferral at recruitment must now be more extensively evaluated. This is to assess that it continues to be safe for the donor to donate and that the product collected from that donor will likely be effective for the recipient. The actions described in this document incorporate this concept.

The *Assessment Tool at HR/CT/WU* is organized with:

- 1) **Condition column:** name of a disease/condition
- 2) **Description column:** general description of the disease/condition
- 3) **RCDAD Risk? column:** Yes or No – indicates if a condition listed within this category is defined as a risk for a RCDAD
- 4) **Assessment/Actions column:** provides directions to determine medical suitability (i.e., *Defer if*, *Accept if*, *TU if*, or *Evaluate if*) and if Case Management (CM) should be informed. A graphic box **RCDAD RISK** is used to highlight a specific issue that is either evidence of or risk for a relevant communicable disease agents or disease (for example, tattoo or positive IDM test).
- 5) **Suitability Rationale column:** rationale for those directions, whether for donor or recipient safety or a combined safety concern for both

NOTE:

- The instruction to *Inform CM & proceed with request if medically suitable* applies only following the instruction to *Evaluate* or if specifically indicated. In order to not delay the process, once CM has been notified, donor center staff should proceed with the request and not wait for communication from the CM. If instructed to *Accept* or *Defer*, no contact with CM is required.
- If CM is informed, the transplant center will be informed via appropriate communications depending on the issue.
- For various conditions, instructions list only an *Accept if* statement. If a potential donor does not meet the *Accept if* requirements, it is at the discretion of the DC staff (in consultation with their medical staff) to determine if the potential donor should be permanently deferred or temporarily unavailable and for how long.
- Throughout this document, the use of the term “PBSC” is equivalent to “HPC, Apheresis” and “marrow” is equivalent to “HPC, Marrow.”

REFERENCES

Department of Health and Human Services
The Center for Disease Control and Prevention
<http://www.cdc.gov/>

MayoClinic.com
<http://www.mayoclinic.com/index.cfm>

The Merck Manual of Medical Information,
Second Home Edition, On-line Version
<http://www.merck.com/mmhe/index.html>

Department of Health and Human Services
National Heart, Lung and Blood Institute
<http://www.nhlbi.nih.gov/index.htm>

U.S. National Library of Medicine
National Institute of Health
<http://medlineplus.gov/>

Thomson Healthcare
<http://www.pdrhealth.com/>

FDA Guidance for Industry “*Eligibility Determination for Donors of Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps)*”, August 2007
<http://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/Tissue/ucm073964.htm>

DEFINITIONS

ADLs: Activities of daily living (i.e., basic self care such as bathing and dressing, simple meal preparation, light house cleaning, etc.)

Body Fluid Exposure: Exposure to some body fluids from a person with an infection such as Hepatitis or HIV may potentially infect the exposed person. Examples are blood, semen, vaginal secretions, vomit, breast milk or pus. "Clear" body fluids such as tears, saliva, sweat and urine contain little or no virus exposure and do not usually transmit a virus unless they are contaminated with blood.

Close contact: Living in same household, where sharing of kitchen/bathroom facilities occurs regularly, and includes living in dormitories, group homes, or prisons; refer also to definition of *sexual contact*.

Combined Safety: The donation process may harm the donor and stem cells from the donor may put the recipient at increased risk for disease/infection (e.g., donor has active Hepatitis C or HIV).

Defer: Permanently Deferred (DD); the donor's information is no longer displayed to transplant centers from that point forward.

Donor Safety: The donation process (i.e., general anesthesia, filgrastim, etc.) may cause harm to a donor with this medical disease/condition (e.g., herniated disc, pregnancy, severe anemia, etc.).

Evaluate:

- Gathering and analysis of critical medical data to determine suitability for stem cell donation;
- Data is gathered by asking questions of the donor about issues such as diagnosis process, active/acute/chronic symptoms, medications, limitations, current status and timeline of events;
- Complex issues may require involvement of medical experts such as physicians, nurses, or other healthcare professionals;
- May result in the donor being made temporarily unavailable, medically deferred, or continuing in the evaluation process.

Fully recovered: Condition is resolved; donor is released from physician's care and no longer requires ongoing medical care.

Inform CM & proceed with request: Inform CM in a timely manner about the health history condition with written documentation (via e-mail.) Provide information such as date of incident or diagnosis. Proceed with applicable activity (i.e., schedule sample draw or information session). Do not wait for any response from CM.

Lived with: See “close contact.”

Medical Treatment: Developed by health care provider in order to resolve a medical condition and may include rest, medications, surgery, physical therapy, lab testing, ongoing monitoring of symptoms, specific diets, etc.

Medical Staff: NMDP MDs or RNs and Donor Center, Apheresis Center, Collection Center MDs, NP, PA, RN, MT and/or designees.

Medical Suitability: During search process, defined as “donor is medically fit to proceed to the next step, whether HR/CT or Workup”. When all evaluations are completed, medical suitability is defined as “donor is medically fit to proceed to collection”.

Mo / Mos: Month / Months

Recipient Safety: Stem cells from a donor with this disease/condition may either put the recipient at increased risk for the illness or a relevant communicable disease (e.g., donor has Chagas, disease, is positive for hepatitis C, etc.).

ASSESSMENT TOOL AT HR / CT / WU

Relevant Communicable Agents and Diseases (RCDADs): Defined by the GTPs and listed/specified in 21 CFR Part 1271, these are diseases or disease agents identified by the FDA as having the potential to cause significant pathogenicity to recipients of human cells, tissues, and cellular and tissue-based products (HCT/Ps). RCDADs are determined by assessing: a) risk of transmission to the recipient; b) severity of effect on the recipient if transmitted; c) availability of appropriate screening measures or tests to identify the potential donor's risk of exposure to and/or possible infection with the disease. RCDADs include West Nile virus, HIV-1/2, hepatitis B, hepatitis C, vaccinia virus infection, HTLV I/II, Chagas, Creutzfeldt-Jakob disease (CJD), variant CJD, sepsis and syphilis.

Risk: Evidence of or risk for exposure to a relevant communicable disease agent or disease or xenotransplant

Sexual contact: Describes the following activities whether or not a condom or other protection was used: vaginal sex (contact between penis and vagina); anal sex (contact between penis and anus); oral sex (mouth or tongue on someone's vagina, penis, or anus); applies to *have sexual contact with* and *sex*.

Status as appropriate: Once evaluation for this condition is completed, continue donor assessment or apply appropriate terminal outcome code (TU or DD).

Stable: Minimal fluctuation in symptoms (e.g., blood pressure, mental health symptoms, blood sugar, etc.).

Successfully treated: (See also *well-controlled*.)

- Received medical treatment for the condition (e.g., surgery such as cardiac ablation or medications such as antibiotics);
- No longer requires ongoing close medical care (timeframe depends on the medical condition);
- Acceptable to be on maintenance medication (e.g., thyroid hormone replacement, blood pressure, or oral hypoglycemic medications), if condition is well controlled.

TU: Temporarily Unavailable; the donor remains listed on the Registry but HLA typing information is not available to be searched by transplant centers during the unavailable timeframe.

Yrs: Years

Well-controlled: Condition is being maintained (stable) with minimal changes in medication, dosage, or treatment; does not require frequent medical intervention.

>: greater than

<: less than

Medical Assessment of MNC, Apheresis

This document is designed primarily for the medical assessment of potential PBSC or marrow donors. It takes into consideration the risks related to those procedures. In general, most conditions that would defer either PBSC or marrow would also defer Mononuclear Cells, Apheresis [equivalent to T-cells and abbreviated as MNC(A).]

Assessment for MNC(A) should take the following into consideration:

- 1) Recovery status from previous donation;
- 2) Any significant or new changes in the donor's health since the primary donation evaluation;
- 3) Risks related to the apheresis procedure itself which may impact such vital organ systems as cardiac, kidney, or liver;
- 4) Risks of possible need for central line placement.

Consult medical staff for any donor whose health information may impact their safety in providing MNC(A).

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Acid Reflux	↻ See <i>Gastroesophageal Reflux Disease (GERD)</i>			
Acoustic Neuroma	Noncancerous (benign) tumor that originates in the cells that wrap around the auditory nerve	NO	Accept for both marrow/PBSC if successfully treated by surgery through the auditory canal Evaluate for both marrow/PBSC if being monitored with minimal symptoms; status as appropriate Defer if treated by surgery through the skull and dura (brain tissue) or stereotactic radiosurgery such as gamma-knife radiosurgery (Gamma Knife radiosurgery is a type of radiation therapy used to treat tumors and other abnormalities in the brain.)	Donor Safety
Acupuncture	Eastern medicine treatment for various conditions using long slender needles placed in specific body locations; if nonsterile/shared needles are used there is potential for exposure to RCDADs such as HIV/Hepatitis	YES Q 43 Q 44	RCDAD RISK → Inform CM & proceed with request if it is learned that nonsterile/shared needles were used for acupuncture in the past 12 mos	Combined Safety
Addison's Disease	Adrenal gland (located on kidney) deficiency or insufficiency; considered autoimmune	NO	Defer	Donor Safety
Adult Attention Deficit Disorder (ADD) and/or Attention Deficit Hyperactivity Disorder (ADHD)	Hyperactive conditions seen in adults and children with symptoms often taking the form of impulsiveness, inattentiveness, restlessness or fidgetiness (e.g. persistent pencil tapping and/or foot tapping) and difficulty engaging in quiet activities	NO	Accept if well-controlled with or without medication (such as Ritalin) Evaluate ability to proceed through the donation process; inform donor of possible need for further psychological assessment; status as appropriate ↻ Refer also to A00328, <i>Assessment of Non-Medical Factors Affecting Donor Suitability</i>	Combined Safety
AIDS	↻ See <i>HIV – Risks Behavior</i> ↻ See <i>HIV – Symptoms & Tests</i>			
Allergies / Anaphylactic Reaction / Anesthesia Reaction	<i>Allergies</i> : hypersensitive immune responses to a normally harmless substance <i>Anaphylactic Reaction</i> : sudden, widespread, potentially severe and life-threatening allergic reaction; can be from exposure to anesthesia or other allergens such as bee stings or drugs	NO	MEDICATIONS, FOOD (e.g., peanuts), LATEX, BEE, or OTHER ALLERGIES (See NOTE.) Accept if - mild contact allergy (e.g., localized skin response for latex allergy) - localized response to eyes, nose, skin or mild/temporary respiratory symptoms - requires allergy shots to manage symptoms Evaluate if - history of and treatment for severe (such as difficulty swallowing) or anaphylactic reaction (such as respiratory arrest / stopped breathing) - reports multiple serious allergies; status as appropriate ANESTHESIA REACTIONS (See NOTE.) Evaluate degree of anesthesia problem/reaction; status as appropriate Accept if common reaction such as nausea or vomiting Evaluate with medical staff if history of anaphylactic reaction or serious reactions such as severe hypotension/hypertension or respiratory arrest; status as appropriate → NOTE: Refer to A00329, <i>Rationale and Action Guide #12 (anesthesia) and #14 (allergies)</i> for assessment discussion; previous serious adverse reaction to anesthesia is PBSC protocol exclusion. ↻ See <i>Asthma or Urticaria / Angioedema</i> , if applicable	Combined Safety
Alopecia	Hair loss, most common on the head, but may affect any part of the body; has multiple causes; one type, alopecia areata, is considered autoimmune in nature	NO	Evaluate any underlying cause of condition; status as appropriate Accept for both marrow / PBSC if non-scarring alopecia (inherited condition) Accept as marrow-only if autoimmune in nature such as alopecia areata (from unknown cause without any other health issues) → Inform CM of marrow-only and proceed with request.	Combined Safety
ALS (Lou Gehrig's Disease)	Serious neurological disease that attacks the nerve cells controlling voluntary muscles; cause is unknown	NO	Defer	Combined Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Alzheimer's	Degeneration of healthy brain tissue; most common cause of dementia	NO	Defer	Combined Safety
Anaphylactic Reaction	↻ See <i>Allergies</i>			
Angioedema	↻ See <i>Urticaria / Angioedema</i>			
Anemia ("Low Iron")	Low number of red blood cells or the amount of hemoglobin (the protein that carries oxygen in them); multiple potential causes ranging from disease to injury; symptoms can range from fatigue or light-headedness for mild-moderate anemia to exhaustion, syncope, or problems with ADLs for severe anemia	NO	Evaluate underlying cause of anemia; status as appropriate Accept for both marrow/PBSC-only if mild anemia (taking over-the-counter iron replacement or refused as blood donor due to "low iron") Evaluate medical staff if moderate anemia (under medical care and/or on prescription medication with mild symptoms); status as appropriate Defer if severe anemia (requiring ongoing monitoring and prescription medication to maintain hemoglobin or reports significant symptoms) ↻ See <i>Thalassemia Minor/Trait</i> , if applicable	Donor Safety
Anemia <i>Aplastic</i>	Defective functioning of the bone marrow with a decreased production of red blood cells, platelets, and WBCs; multiple causes	NO	Accept if drug or viral-induced disease and fully recovered Defer if genetic disease	Combined Safety
Anemia <i>Hemolytic</i>	Malfunction of the immune system producing autoantibodies, which attack red blood cells as if they were foreign substances; can be autoimmune or drug-induced	NO	Accept if drug-induced and fully recovered → Inform CM of above condition & proceed with request Defer if autoimmune condition, not drug-induced	Combined Safety
Anemia – <i>Pernicious</i>	↻ See <i>Vitamin B12 Deficiency</i>			
Aneurysm	Bulge (dilation) in the wall of an artery, usually the aorta, causing weakness in the vessel and potential for rupture and internal bleeding; can occur in multiple locations throughout the body such as abdomen, brain, or heart	NO	Defer	Donor Safety
Anesthesia Reaction	↻ See <i>Allergies</i>			
Ankylosing Spondylitis	Rheumatoid arthritis of the spine and large joints, resulting in stiffness and pain	NO	Defer	Combined Safety
Anorexia Nervosa	↻ See <i>Eating Disorder</i>			
Anticardiolipin Syndrome (Antiphospholipid Syndrome)	Syndrome characterized by recurrent venous or arterial thrombosis (clots), recurrent fetal loss, and thrombocytopenia (reduction in the number of platelets); considered autoimmune	NO	Accept if donor describes family history of disease Defer if donor has disease	Combined Safety
Antinuclear Antibody (ANA) Test	Test measuring amount and pattern of antibodies in blood; used along with other tests to diagnose autoimmune disease; healthy people can have an increased ANA titer	NO	Accept if isolated positive ANA titer and no symptoms of autoimmune conditions Evaluate as marrow-only if associated with autoimmune condition; status as appropriate → Inform CM of marrow-only & proceed with request if medically suitable	Combined Safety
Arterio Venous Malformation (AVM)	Vascular abnormality in which arteries and veins have a direct connection (shunt) rather than having blood flow through a bed of capillaries; can occur anywhere in the body but of primary concern are those in brain or spinal cord	NO	Evaluate if AVM is/was located in non-critical area (such as an extremity); status as appropriate Defer if AVM is/was located in brain or spinal cord	Donor Safety
Arthritis <i>Osteoarthritis</i>	Chronic disorder of joint cartilage and surrounding tissues characterized by pain, stiffness, and loss of function; previously called degenerative arthritis or degenerative joint disease	NO	Evaluate any involvement of the spine, neck, or hip; status as appropriate Accept if mild case (defined as minimally affecting ADLs and/or on minimal medications) Defer if severe case (defined as restricting ADLs and/or significant back involvement) ↻ See <i>Back/Neck Problems</i> , if applicable	Donor Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Arthritis <i>Psoriatic</i>	Joint inflammation that occurs in some people who have psoriasis of the skin or nails; considered autoimmune	NO	Defer	Combined Safety
Arthritis <i>Reactive</i>	Inflammation of the joints/tendons, often accompanied by inflammation of the eye's conjunctiva and mucous membranes; reaction to an infection originating in the intestine or genital tract; also called Reiter's Syndrome	NO	Defer	Combined Safety
Arthritis <i>Rheumatoid</i>	Inflammatory arthritis in which joints, usually those of the hands and feet, are inflamed, resulting in swelling, pain, and often the destruction of joints; considered autoimmune; one type, juvenile rheumatoid arthritis (JRA), is diagnosed in early childhood but can go into remission/resolve by puberty	NO	Evaluate as marrow-only if history of juvenile (as child) onset rheumatoid arthritis which is now resolved with no current symptoms or treatment for >5 yrs; status as appropriate → Inform CM of marrow-only & proceed with request if medically suitable Defer if diagnosed with condition – whether or not exhibiting symptoms or requiring any treatment	Combined Safety
Asperger Syndrome ↻ See <i>Autism</i>				
Asthma	Condition in which the airways narrow—usually reversibly—in response to certain stimuli; also called reactive airway disease	NO	Accept if - "mild" asthma, including exercise-induced, with symptoms well-controlled even if on daily inhaler (including those containing steroids) or non-steroidal oral medications AND - no attack requiring oral (pill) and/or IV steroids or emergency care in past 2 yrs Evaluate if ≤2 yrs from the last severe attack requiring oral (pill) or IV steroids or emergency care Defer if dependent on oral (pill) steroids or poorly controlled	Donor Safety
Autism / Asperger Syndrome	<i>Autism</i> : spectrum of neuropsychiatric disorders characterized by deficits in social interaction and communication; range of deficit from high functioning to severe <i>Asperger syndrome</i> : type of autism; characterized by inability to understand how to interact socially	NO	Evaluate degree of functioning to determine donor's ability to understand and provide informed consent and to commit to donation process; status as appropriate ↻ Refer also to A00328, <i>Assessment of Non-Medical Factors Affecting Donor Suitability</i>	Combined Safety
Autoimmune Disorder	Diseases of unknown etiology caused by the body producing an immune response against its own tissues; due to potential risk of disease exacerbation from exposure to filgrastim, autoimmune conditions are either deferrals for both products or marrow-only; examples: MS, Lupus, etc.; refer to separate listings for specific information Past symptoms of possible autoimmune conditions can be difficult to evaluate. Discuss any unclear or vague past diagnosis with medical staff. For example, history of fibromyalgia 20 years ago but received no medical treatment and no current symptoms.			
Avascular Necrosis	Cellular death (necrosis) of bone due to interruption of blood supply causing bone tissue death and collapse; also called osteonecrosis, ischemic bone necrosis, or AVN	NO	Defer	Donor Safety
Babesiosis	Infection caused by tick bite (<i>Babesia Microti</i>) parasite; attacks red blood cells; disease is malaria-like in nature	NO	Defer if ever diagnosed with or treated for disease	Combined Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
<p>Back / Neck Problems</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Pain Scale Definitions</p> <p>0 - Pain free</p> <p>1 - Very minor annoyance - occasional minor twinges.</p> <p>2 - Minor annoyance - occasional strong twinges.</p> <p>3 - Annoying enough to be distracting.</p> <p>4 - Can be ignored if really involved in work, but still distracting.</p> <p>5 - Can't be ignored for more than 30 mins.</p> <p>6 - Can't be ignored for any length of time, but can still go to work or participate in social activities.</p> <p>7 - Makes it difficult to concentrate, interferes with sleep. Can still function with effort.</p> <p>8 - Physical activity severely limited. Can read and converse with effort. Nausea and dizziness set in as factors of pain.</p> <p>9 - Unable to speak. Cry out or moan uncontrollably – near delirium.</p> <p>10 - Unconscious. Passed out with pain.</p> </div>	<p>Conditions which affect the neck or spine caused by either disease or injury; spine area is grouped into 4 sections according to location of vertebrae: cervical (neck), thoracic (middle back), lumbar (lower back), sacral (tailbone); see specific conditions on following pages.</p> <p align="center"><i>IMPORTANT:</i></p> <p>Marrow collection is performed in the lower back/hip area (L4/L5/S1). If there is already an injury or weakness in this area or in the cervical (neck) or middle back (thoracic) area, there may be an increased risk for potential harm to the volunteer donor. Careful evaluation of any problems with the back/neck/spine is critical for donor safety.</p> <p>Each potential donor must be evaluated <u>case-by-case</u>. The summaries below are for general guidance.</p> <p>Depending on the situation, a potential donor might be</p> <p>1) medically suitable for both marrow and PBSC. In general, evaluation would find:</p> <ul style="list-style-type: none"> ➢ minimal pain (rates 1-2 out of 10) ➢ infrequent pain (<1-2/week) ➢ rare use of pain medications ➢ rare use of therapy such as PT or chiropractor <p>2) medically unsuitable for marrow but suitable for PBSC. In general, evaluation would find:</p> <ul style="list-style-type: none"> ➢ moderate pain (rates 3-4 out of 10) ➢ somewhat frequent pain (2-3/week) ➢ requires pain med (primarily OTC but some prescription) daily or consistently ➢ intermittent use of therapy such a PT or chiropractor <p>3) medically unsuitable for both products. In general, evaluation would find:</p> <ul style="list-style-type: none"> ➢ severe pain (rates >5 out of 10) ➢ consistent and/or chronic pain (has had >3 mos) ➢ requires/relies on pain meds (either prescription or OTC) throughout the day and may still report pain ➢ requires medical intervention such as chiropractor or PT treatments to help control symptoms <p>TU versus Defer: If assessment determines that the donor is medically unsuitable for either product, the decision to TU or defer is based on the expected potential for improvement. Defer is appropriate for a chronic issue with no improvement for some time and none expected. TU is appropriate for a recent but improving issue; length of TU depends on the situation.</p>	<p>NO</p>	<p>Evaluate as either marrow / PBSC; proceed for both products, or PBSC-only or TU or defer based on evaluation. (➔ See <i>NOTE</i>, if PBSC-only.) See "EVALUATION" box below.</p> <ul style="list-style-type: none"> - back/neck/spine pain without specific diagnosis - herniated/bulging/slipped disc in the back - any surgery in the back (If ever had fusion surgery, see next Evaluation section.) - any fracture in the back - scoliosis or kyphosis if no history of surgery or rods/pins have been removed if past surgery and fully recovered <p>Evaluate as PBSC-only and defer for marrow if; based on evaluation proceed as PBSC-only, TU or defer as appropriate. (➔ See <i>NOTE</i>.) See "EVALUATION" box below.</p> <ul style="list-style-type: none"> - history of disc fusion surgery in neck or lower back – at any time - diagnosis of or treatment for osteoporosis - history of scoliosis or kyphosis or other surgery with rods/pins still present in back or hip <p>➔ NOTE: Inform CM of PBSC-only & proceed with request if medically suitable.</p> <p>Defer for both PBSC and marrow if</p> <ul style="list-style-type: none"> - chronic / ongoing severe back or neck pain (including <u>persistent</u> sciatica and/or numbness) requiring ongoing medical treatment (i.e., daily pain meds, PT, chiropractic treatments, etc.) - on medical disability for back issues <div style="border: 1px solid black; background-color: #f2f2f2; padding: 5px; margin-top: 10px;"> <p align="center">EVALUATION OF BACK/NECK PROBLEMS</p> </div> <p>Take the following into consideration to evaluate for marrow/PBSC, PBSC-only, TU, or deferral:</p> <ul style="list-style-type: none"> ➢ Location <ul style="list-style-type: none"> ○ Lower back? Neck? Down an arm or leg? ➢ Intensity <ul style="list-style-type: none"> ○ What symptoms? Pain? Numbness? Tingling? ○ Rate pain 0-10? (0 = no pain and 10 = excruciating pain) ➢ Frequency <ul style="list-style-type: none"> ○ Daily? Weekly? With exercise? After sitting? ➢ Onset and Duration <ul style="list-style-type: none"> ○ Injury? Congenital? ○ Recent (< 3mos)? Chronic (> 3mos)? Improving? Unchanged? Worsening? ➢ Medical Evaluation <ul style="list-style-type: none"> ○ Evaluated by MD? What kind of tests? What is /was specific diagnosis? ➢ Treatment <ul style="list-style-type: none"> ○ Medications – What kind (prescription or OTC)? How often? What doses? ○ Surgery – When? What kind? What location? Successful? ○ Chiropractor /Physical Therapy – How frequent? Helping resolve? ➢ Limitations <ul style="list-style-type: none"> ○ Able to sit for several hours? (Keep in mind that sitting in apheresis chairs/beds is different than sitting in a straight back, desk chair or in a car.) ○ Restricted activity level now or unable to do previous physical activities? ○ Currently on disability due to this issue? ➢ Profession and/or Vocation <ul style="list-style-type: none"> ○ Physically demanding profession such as construction, firefighter, police, or athlete? ○ Self-employed and physically demanding profession? 	<p>Donor Safety</p>

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Back/Neck Problem <i>Bulging Disk</i>	Bulging in the disk can occur naturally from age-related wear and tear of the spine with use or may be related to an injury	NO		
Back/Neck Problem <i>Degenerative Disk Disease</i>	General term applied to back pain lasting >3 mos; caused by degenerative changes in the intervertebral disks; normal during the aging process; can also be caused by trauma, infection or direct injury to the disc	NO		
Back/Neck Problem <i>Herniated Disk</i>	Condition in which the jelly-like substance at the center of a vertebral disc (on the spine) seeps out through a crack in the tough, fibrous outer covering of the disc; also called ruptured disc or slipped disc	NO		
Back/Neck Problem <i>Fracture/Break</i>	Fractures in the spine ranging from painful compression fractures from osteoporosis to more severe injuries such as burst fractures and fracture-dislocations following trauma	NO		
Back/Neck Problem <i>Sciatica</i>	Pain that radiates along the path of the sciatic nerve (from back into buttock and leg); discomfort can range from mild to incapacitating; may be accompanied by tingling, numbness or muscle weakness; a symptom of another problem, such as a herniated disc, that puts pressure on the nerve	NO		
Back/Neck Problem <i>Scoliosis</i>	Abnormal curvature of the spine; may result from a birth defect or develop later in life, most often in adolescence; spine usually bulges toward the right when the curvature is in the upper back and to the left when it is in the lower back	NO		
Back/Neck Problem <i>Strain/Sprain</i>	Injury to back muscle (strain) or a ligament (sprain); most common cause of back pain; occurs for many reasons such as improper lifting, excess body weight, and poor posture	NO		
Barrett's Esophagus	Esophagus lining replaced by tissue similar to that in intestine; associated with gastroesophageal reflux disease (GERD); small percent develop deadly type of esophageal cancer	NO	Accept if well-controlled and >6 mos from diagnosis Evaluate if diagnosed <6 mos; status as appropriate ➔ See also <i>Gastroesophageal Reflux Disease</i> (GERD), if applicable	Donor Safety
Bell's Palsy	Sudden weakness/paralysis of the muscles on one side of the face due to malfunction of cranial nerve VII (facial nerve); usually caused by viral infection or immune disease	NO	Evaluate underlying cause of disease; status as appropriate Accept if fully recovered and underlying disease is medically suitable	Combined Safety
Bipolar Disorder	Mental health condition which causes extreme mood changes; also called manic depressive disorder	NO	Accept if well-controlled and diagnosed >6 mos (See <i>NOTE</i> if taking lithium.) Evaluate with medical staff (current mental health condition such as daily functioning, emotional stability, ability to keep appointments, etc.) and status as appropriate (See <i>NOTE</i> if taking lithium.) - diagnosis ≤ 6 mos - any <u>in-patient</u> medical intervention or therapy ≤ 6 mos - requires multiple (>3) medications to treat condition TU for 2 yrs from discharge if required <u>in-patient</u> treatment ≤ 2 yrs ➔ NOTE: Inform CM if current treatment with lithium & proceed with request ; current treatment with lithium is PBSC protocol exclusion; may be evaluated as marrow-only donor. ➔ Refer also to A00328, <i>Assessment of Non-Medical Factors Affecting Donor Suitability</i>	Combined Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Bite, Human / Animal	Injury caused by human or animal; potential for exposure to infections such as rabies or HIV/hepatitis	YES Q #45	<p>HUMAN BITE (→ See NOTE.) Accept if no broken skin Evaluate health status and signs/symptoms of possible infection if ≤12 mos from bite if skin was broken; status as appropriate</p> <p>ANIMAL BITE (→ See NOTE.) Evaluate health status if ≤12 mos from bite or rabies exposure; status as appropriate</p> <p>→NOTE: Inform CM & proceed with request if medically suitable</p> <ul style="list-style-type: none"> - rabies vaccine for exposure in past 12 mos - RCDAD RISK human bite with broken skin in the past 12 mos 	Recipient Safety
Bleeding Disorders / Clotting Factor Deficiencies	Tendency to bleed excessively; occurs because of inability to form clots; can be inherited or acquired: <i>Inherited:</i> Hemophilia A (factor VIII deficiency) and von Willebrand's disease <i>Acquired:</i> multiple factor deficiencies caused by liver disease or vitamin K deficiency and factor inhibitors	NO	↻ See <i>Factor V Leiden, Hemophilia, von Willebrand's disease</i> , if applicable	Combined Safety
Blood Clot <i>Deep Vein Thrombosis</i>	Formation of blood clots (thrombi) in veins deep within a muscle – usually in the legs; increases risk of serious health problems, including a dislodged clot traveling to the lungs and blocking an artery (pulmonary embolism)	NO	<p>Evaluate with medical staff if any questionable history of blood clot Defer any history of deep vein blood clot</p> <p>↻ See <i>Factor V Leiden</i>, if applicable</p>	Donor Safety
Blood or Body Fluid Exposure	Exposure to blood or body fluids from another person may potentially transfer an infection to the exposed person; examples are blood, semen, vaginal secretions, vomit, breast milk or pus. "Clear" body fluids such as tears, saliva, sweat and urine contain little or no virus exposure and do not usually transmit an infection unless contaminated with blood. Examples of exposure sources are through open wounds, unhealed sores, human bite breaking skin, needle stick, acupuncture with contaminated needles, or splash in the eye or mouth. Occupational exposure can also occur even while using Personal Protective Equipment (PPE) if there was a tear or puncture through the glove into the skin like a needle stick or scalpel wound or if there was a splash of blood into the eye while wearing a face shield.	YES Q #45	<p>Accept if</p> <ul style="list-style-type: none"> - >12 mos from needle stick or contact with someone else's blood or body fluids through open wound, non-intact skin, or mucous membrane - had contact with someone else's blood or body fluids ≤12 mos but denies any exposure through an open wound, non-intact skin or mucous membrane <p>Evaluate for signs of infection if ≤12 mos from needle stick or contact with someone else's blood or body fluids into open wound, non-intact skin, or mucous membrane; status as appropriate.</p> <p>RCDAD RISK →NOTE: Inform CM & proceed with request if medically suitable; provide type of exposure and date</p> <p>↻ See <i>Needlestick or Bite-Human</i>, if applicable</p>	Combined Safety
Blood Pressure, High	Abnormally high pressure in the arteries; uncontrolled high blood pressure increases risks for stroke, aneurysm, heart failure, heart attack, and kidney damage; multiple causes; also called Hypertension	NO	<p>Accept if controlled and no associated heart conditions Evaluate with medical staff if</p> <ul style="list-style-type: none"> - uncontrolled hypertension or BP known to be consistently >160 for systolic or >100 for diastolic while at rest, with or without medication - requires multiple medications (>3) to treat condition 	Donor Safety
Blood Pressure, Low	Blood pressure low enough to cause symptoms like dizziness and fainting; multiple causes; also called Hypotension	NO	<p>Evaluate underlying cause of condition; status as appropriate Accept if routinely low and no underlying medical condition (i.e., athlete)</p>	Donor Safety
Body Piercing	↻ See <i>Piercing</i>			
Blood Transfusions	Treatment of blood loss or conditions affecting the production of blood cells using banked blood product	NO	<p>Evaluate underlying cause for transfusion; status as appropriate → Inform CM & proceed with request if medically suitable and had transfusion in past 12 mos</p>	Recipient Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Botox Injections	Injection of <i>Botulinum toxin</i> type A for cosmetic purposes or other purposes (such as treatment of migraines)	YES Q #45 Q #44	RCDAD RISK → Inform CM & proceed with request if it is learned that nonsterile/shared needles were used for Botox in past 12 mos	Recipient Safety
Brain Bleed / Injury	<p>Donor safety is a concern if there is a history of concussion or other head injury that may have caused possible damage to blood vessels in the brain.</p> <p>Bleed or injury involving the brain; outcome can be minimal neurological damage to serious ongoing mental changes. This includes, but is not limited to, traumatic brain injury after accident, fall, or blow to the head such as a concussion, brain aneurysm, intracranial hemorrhage (such as epidural, subdural, and subarachnoid hematoma), transient ischemic attacks (TIA), coma, and stroke</p> <p>A concussion is a violent jarring, hitting, or shaking to the head which results in a disturbance in the brain function.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p align="center">Assess for presence and length of NEUROLOGICAL SYMPTOMS which may include:</p> <ol style="list-style-type: none"> 1. Loss of consciousness 2. Headache 3. Nausea and vomiting 4. Light or noise sensitivity 5. Blurred or double vision 6. Dizziness or balance problems 7. Personality changes 8. Short term memory loss 9. Difficulty thinking 10. Fatigue or feeling tired 11. Poor concentration </div>	NO	<p>Accept as PBSC / marrow if reports concussion or head injury and ALL criteria below are present</p> <ul style="list-style-type: none"> - single head injury - ≤ 30 yrs old at time of this evaluation - ≥ 6 mos since injury* - no loss of consciousness - ≤ 48 hrs for full recovery from any neurological symptoms (See list of symptoms.) - no or well-controlled hypertension <p>*TU until 6 mos from injury if ALL other above Accept criteria is present</p> <p>Defer if history of significant bleed or injury involving brain tissue or dura mater such as intracranial hemorrhage (epidural, subdural, or subarachnoid hematoma), transient ischemic attack (TIA), coma, or stroke</p> <p>Defer if reports concussion or head injury and ANY criteria below is present:</p> <ul style="list-style-type: none"> - ≥50 yrs old at time of this evaluation - Loss of consciousness >5 mins - >48 hrs for full recovery from any neurological symptoms (See list of symptoms.) - Uncontrolled or poorly controlled hypertension <p>Consult NMDP MD if history does not meet above accept or defer criteria.</p> <p>Provide the following:</p> <ol style="list-style-type: none"> 1. Age and current health status 2. Number of head injuries / concussions 3. When and how injuries occurred 4. Any medical treatment and/or tests performed 5. Any specific diagnosis 6. Type and length of any neurological symptoms (See list of symptoms.) 7. Length of loss of unconsciousness, if any 8. Status of hypertension, if present <p>☞ See <i>Aneurysm, Concussion, Craniotomy, Stroke, Transient Ischemic Attacks (TIA)</i></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; width: fit-content;"> <p align="center">Refer to A00693, <i>Guide for Donor Assessment of Concussions and Head Injuries</i>, for flow chart evaluation aid.</p> </div>	Donor Safety
Brain Surgery	☞ See <i>Craniotomy</i>			
Breastfeeding	Feeding of an infant with breast milk	NO	<p>Accept if marrow donor</p> <p>Defer if unintermittent breastfeeding if PBSC (☞ See <i>NOTE</i>.)</p> <p>☞ <i>NOTE</i>: To be considered for PBSC, women who are breastfeeding must be willing and able to interrupt breastfeeding during administration of filgrastim and for 2 days following the final dose (7-8 days total).</p>	Donor Safety
Bronchitis <i>Acute</i>	Inflammation of bronchial tubes caused by bacteria and viruses; can last about 10 days; cough may last for weeks following infection	NO	Accept if acute, brief episode with full recovery	Donor Safety
Bronchitis <i>Chronic</i>	<p>Long term inflammation of bronchial tubes causing constant excess mucous, thickened airways, reduced airflow, and lung scarring; smoking is most common cause; considered type of Chronic Obstructive Pulmonary Disease</p> <p>☞ See <i>COPD (Chronic Obstructive Pulmonary Disease)</i></p>	NO		Donor Safety
Bulimia	☞ See <i>Eating Disorder</i>			
Bursitis	☞ See <i>Tendonitis</i>			

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale								
Cancer	<p>Diseases caused when a group of cells (usually derived from a single cell) loses normal control mechanisms with unregulated growth; also called malignancy or neoplasm</p> <p>Important points regarding assessing cancer: <i>Staging of cancers</i> is based on location, extent of local spread, extent of distant spread into lymph nodes, and presence of metastasis. Staging describes the severity of a person's cancer based on the size and/or extent (reach) of the original (primary) tumor and whether or not cancer has spread in the body.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Stage</th> <th style="text-align: center;">Definition</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Stage 0</td> <td>Carcinoma <i>in situ</i>*</td> </tr> <tr> <td style="text-align: center;">Stage I, Stage II, and Stage III</td> <td>Higher numbers indicate more extensive disease: larger tumor size and/or spread of the cancer beyond the organ in which it first developed to nearby lymph nodes and/or tissues or organs adjacent to the location of the primary tumor</td> </tr> <tr> <td style="text-align: center;">Stage IV</td> <td>The cancer has spread to distant tissues or organs</td> </tr> </tbody> </table> <p><i>*In situ</i> is cancer at a very early stage and is specifically called <i>in situ</i> or Stage 0; not called "low grade."</p> <p>Why defer if treated with chemotherapy or radiation? Chemotherapy and radiation are both powerful treatments required to kill/damage cancer cells but can also indiscriminately affect healthy cells. A history of either therapy may impact the ability of those cells to successfully engraft in a recipient.</p>	Stage	Definition	Stage 0	Carcinoma <i>in situ</i> *	Stage I, Stage II, and Stage III	Higher numbers indicate more extensive disease: larger tumor size and/or spread of the cancer beyond the organ in which it first developed to nearby lymph nodes and/or tissues or organs adjacent to the location of the primary tumor	Stage IV	The cancer has spread to distant tissues or organs	NO	<p>Accept if (If <u>ever</u> received chemotherapy or external radiation – even if the type of cancer involved is listed under Accept, see Defer.)</p> <ul style="list-style-type: none"> - non-cancerous polyps - cured localized skin cancer (basal cell or squamous cell) - history of a benign brain tumor such as acoustic neuroma or pituitary adenoma, if successfully treated (either non-invasive endoscopic surgery through nose or auditory canal or by drugs) - BRCA1 or BRCA2 positive and no diagnosis of cancer - strong family history of breast cancer and on preventative medication such as tamoxifen or had preventative mastectomy (→ See NOTE.) - healed melanoma <i>in situ</i>* skin cancer (→ See NOTE.) - breast cancer <i>in situ</i>* and fully recovered from treatment (hormonal therapy or surgery) (→ See NOTE.) - bladder cancer <i>in situ</i>* or cervical cancer <i>in situ</i>* and fully recovered from treatment - family history of cancer, including blood-based cancers such as leukemia <ul style="list-style-type: none"> ➢ Consult with medical staff if multiple (>2) <u>first degree</u> relatives with blood-based cancers; TC notification may be required; inform CM & proceed with request as directed by medical staff <p>Evaluate with medical director if history of a malignant solid tumor (including thyroid, prostate, or breast cancer) (→ See NOTE.)</p> <ul style="list-style-type: none"> - >5 yrs from completion of treatment AND - no disease recurrence or metastasis AND - no chemotherapy or external therapeutic radiation treatment (IMPORTANT: Treatment with radioactive isotope beads seen in treatment of cancers such as prostate / breast cancers or radioactive iodine commonly used for thyroid cancer treatment are acceptable but should be reported to CM. → See NOTE.) <hr/> <p>→ NOTE: Inform CM & proceed with request if medically suitable. Provide diagnosis, treatments (surgery / radioactive isotope beads / radioactive iodine), and timelines.</p> <p>Defer if</p> <ul style="list-style-type: none"> - blood-based malignancy (leukemia, lymphoma, etc.) - ever received treatment involving external therapeutic radiation or chemotherapy – no matter what type of cancer or length of time since treatment or if listed as "Acceptable" cancer such as breast cancer <i>in situ</i>, bladder cancer <i>in situ</i> or cervical cancer <i>in situ</i> - treated by surgery through the skull and dura (brain tissue) or stereotactic radiosurgery such as gamma-knife radiosurgery (Gamma Knife radiosurgery is a type of radiation therapy used to treat tumors and other abnormalities in the brain.) <p>↻ See <i>Acoustic Neuroma, Pituitary Adenoma, Polyps, Prolactinoma, and Tumor</i>, if applicable</p>	Combined Safety
Stage	Definition											
Stage 0	Carcinoma <i>in situ</i> *											
Stage I, Stage II, and Stage III	Higher numbers indicate more extensive disease: larger tumor size and/or spread of the cancer beyond the organ in which it first developed to nearby lymph nodes and/or tissues or organs adjacent to the location of the primary tumor											
Stage IV	The cancer has spread to distant tissues or organs											
Cardiac Disease	↻ See <i>Heart Disease</i>											
Carpal Tunnel Syndrome	Painful compression of the median nerve as it passes through the wrist	NO	Accept									
Celiac Disease	Hereditary intolerance to gluten, a protein found in wheats, barley, and oats resulting in malabsorption; also called nontropical sprue, gluten enteropathy, celiac sprue; considered autoimmune	NO	<p>Accept as marrow-only if well-controlled with minimal symptoms → Inform CM of marrow-only & proceed with request</p> <p>Defer if severe symptoms (for example, severe diarrhea or being treated for malabsorption or other complications)</p>	Donor Safety								
Cellulitis	Bacterial infection of the skin and tissues immediately beneath the skin	NO	<p>Accept if fully recovered</p> <p>Evaluate acute localized infection under treatment; status as appropriate</p>	Combined Safety								

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Cerebral Palsy	Condition characterized by muscular incoordination and speech disturbances resulting from brain injury before, during, or shortly after birth	NO	Accept if mild (minimal spasms or contractions) Defer if moderate to severe (for example, wheelchair-bound or significant contractions or spasms that might preclude a safe collection)	Donor Safety
Cervical Dysplasia	Cervical cells that developed abnormally; typically means that the cells are at increased risk for developing into cancer	NO	Accept ☞ See <i>Human Papillomavirus (HPV)</i> , if applicable	
Chagas Disease	Tropical disease caused by the bite of infected insects; transmissible by blood; common in Central/South America and Mexico	YES Q #35	AT HR/CT/WORKUP: Accept if history of any positive screening tests with negative supplemental tests (☞ See <i>NOTE.</i>) Defer if diagnosed with Chagas and/or positive supplemental testing <u>and</u> evidence of acute or chronic infection AT WORKUP: Evaluate with MD if history positive screening test and pending supplemental test (☞ See <i>NOTE.</i>) Consult with NMDP MD if confirmed positive testing and asymptomatic (☞ See <i>NOTE.</i>) RCDAD RISK ☞ <i>NOTE: Inform CM & proceed with request</i> if medically suitable; provide test and date performed	Combined Safety
Chemical Dependency	Dependence on a legal or illegal drug/chemical requiring treatment and strong support system to break addiction; can cause various physical ailments depending on the chemicals involved (such as liver damage secondary to alcohol abuse) <i>NOTE:</i> For purposes of this Tool, this does <u>not</u> include caffeine, tobacco or occasional marijuana use	NO	Accept if history of successful treatment and >12 mos since completion Evaluate if (and status as appropriate) - ≤12 mos since completion of treatment - any underlying physical ailments that may impact donor safety - ability of donor to follow-through on donation process TU if currently in treatment or continued substance use; consult with medical staff to determine length of TU Defer if taking methadone or Suboxone® as part of treatment program ☞ Refer also to A00328, <i>Assessment of Non-Medical Factors Affecting Donor Suitability</i> ☞ See <i>Self-Injected Drugs and Drug Use/Non-prescribed Medications</i> , if applicable	Combined Safety
Chest Pain	Pain in the chest area; caused by multiple reasons ranging from infections, gall bladder, stress, cardiac, indigestion, musculoskeletal, or respiratory	NO	Evaluate underlying cause of chest pain, if known; status as appropriate Defer if ongoing / recurring chest pain or undiagnosed or in evaluation	Donor Safety
Chiari Malformation	Rare, often congenital brain abnormality causing headaches and balance problems; Type 1 may have no symptoms; Type 2 (also called Arnold-Chiari Malformation) is associated with spina bifida; Type 3 is most serious with neurological problems	NO	Accept as PBSC / marrow if stable (without requiring brain surgery) and any associated medical condition is medically suitable Defer if treated by surgery through the skull and brain tissue	Donor Safety
Chromosomal Abnormalities	Conditions caused by errors in the number or structure of chromosomes; symptoms range from severe mental or physical health issues to no visible impact on health	NO	Evaluate specific chromosomal condition with medical staff ☞ Inform CM as directed by medical staff and proceed with request if medically suitable ☞ See <i>Down's Syndrome, Klinefelter's Syndrome, Turner's Syndrome</i> , if applicable	Combined Safety
Chronic Fatigue Syndrome	Long-standing severe and disabling fatigue without a proven physical or psychological cause; possibly autoimmune	NO	Defer	Combined Safety
Cirrhosis	Destruction of normal liver that leaves nonfunctioning scar tissue surrounding areas of functioning liver tissue	NO	Defer	Combined Safety
Colonoscopy	Procedure to visualize inside of colon; used for routine preventative evaluation as well as removal of polyps and other tissue for biopsy	NO	Accept if performed as routine preventative evaluation Evaluate if performed for removal/biopsy of polyps or signs/symptoms of GI medical conditions; status as appropriate ☞ See <i>Cancer, Celiac Disease, Crohn's Disease, Diverticulitis, Ulcerative Colitis</i> , if applicable	Donor Safety

Assessment Tool At HR / CT / WU

Name	Description	RCAD Risk?	Assessment / Action	Suitability Rationale
Compartment Syndrome	Painful condition when pressure within muscles builds to dangerous levels; decreases blood flow and oxygen to nerve and muscle cells; can be acute or chronic	NO	Accept if successfully treated	Donor Safety
Complex Regional Pain Syndrome	Chronic condition usually affecting the arm or leg with pain, swelling, skin discoloration, altered temperature, abnormal sweating and hypersensitivity; cause is unknown; formerly called Reflex Sympathetic Dystrophy Syndrome (RSDS)	NO	Defer	Donor Safety
Convulsions	☞ See <i>Epilepsy</i>			
Concussion	Brain injury resulting in severe headache, altered levels of alertness, or unconsciousness; can be associated with neck and spine injury; effects can range from mild to severe ☞ See <i>Brain Bleed / Injury</i>			
COPD (Chronic Obstructive Pulmonary Disease)	Group of lung diseases involving limited airflow and varying degrees of air sac enlargement, airway inflammation, and lung tissue destruction; emphysema and chronic bronchitis are the most common forms	NO	Evaluate with medical staff if symptoms or testing (such as CXR) are suggestive of COPD Defer if diagnosed with COPD	Donor Safety
Corneal Transplant	☞ See <i>Transplant Recipient</i>			
Coronary Artery Disease	☞ See <i>Heart Disease</i>			
Costochondritis	Inflammation of cartilage connecting ribs to breastbone; causes can include injury, strain, arthritis, infection, or tumor	NO	Evaluate with medical staff underlying cause and current health status; status as appropriate	Donor Safety
Craniotomy	Surgical removal of part of skull bone to expose brain tissue; performed to diagnose, remove, treat brain tumors, aneurysms, blood clots, abscesses, or skull fractures or relieve intracranial pressure from traumatic injury or stroke	NO	Defer ☞ See specific benign brain tumors, if required surgical treatment: <i>Acoustic Neuroma, Hydrocephalus, Pituitary Adenoma, Prolactinoma</i> , if applicable	Donor Safety
Creutzfeldt-Jakob Disease (CJD)	Rare progressive viral encephalopathy (brain infection) marked by premature senility, usually fatal; caused by prion protein; risk for transmission to recipient through stem cells While in most cases the cause is unknown, risks to develop this condition can include: 1. One or more blood relative with history of CJD 2. Receipt of human-derived growth hormone 3. Receipt of transplant of human dura mater (covering of the brain tissue)	YES Q #30 Q #31 Q #32 Q #33 Q #34	Accept if - blood relative diagnosed with CJD whose CJD diagnosis was later found to be incorrect - blood relative diagnosed with CJD as a result of exposure to human dura mater or human pituitary-derived growth hormone or other exposure - laboratory testing such as gene sequencing shows that the potential donor does not have a mutation associated with familial CJD Evaluate if (and status as appropriate) (☞ See <i>NOTE.</i>) - received human-derived growth hormone - one or more blood relatives with CJD and above "Accept" conditions are not present RCAD RISK ☞ <i>NOTE: Inform CM & proceed with request if medically suitable</i> Defer if - diagnosed with CJD disease - undiagnosed demyelinating disease of the nervous system or degenerative neurological disease - ever received dura mater transplant ☞ See <i>Dementia, Growth Hormone Treatment, Transplant Recipient</i> , if applicable	Recipient Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Creutzfeldt-Jakob Disease (new variant) [vCJD]	Rare progressive condition linked to an outbreak of Bovine Spongiform Encephalopathy (BSE) in the UK and sections of Europe; usually fatal; also called Transmissible Spongiform Encephalopathy (TSE); caused by prion protein; along with eating contaminated beef, receipt of blood products in the UK or France is considered exposure risk; risk for transmission with stem cells	YES Q #30 Q #58 Q #59	<p>Accept if (→ See NOTE.)</p> <ul style="list-style-type: none"> - spent certain length of time in UK/Europe during risk timeframes (Refer to A00329, <i>Rationale and Action Guide</i> for countries and time lines.) - received transfusion (blood, platelets, plasma, cryoprecipitate, granulocytes) in the UK or France since 1980 <p>RCDAD RISK → NOTE: Inform CM of above & proceed with request.</p> <p>Defer if has vCJD disease or undiagnosed demyelinating disease of the nervous system or degenerative neurological disease</p> <p>☞ See <i>Dementia and Travel/Residence-UK/Europe</i>, if applicable</p>	Recipient Safety
Crohn's Disease	Chronic inflammation of the intestinal wall that may affect any part of the digestive tract; unknown cause; linked to immune system; also called regional enteritis, granulomatous ileitis, or ileocolitis	NO	<p>Accept as marrow-only if symptom free <u>and</u> not on medication for >12 mos (→ See NOTE.)</p> <p>Evaluate as marrow-only current health status (and status as appropriate) if (→ See NOTE.)</p> <ul style="list-style-type: none"> - on medication and no symptoms in past 12 mos (See Defer if taking Remicade®.) - history of an episode in the past 12 mos - removal of a section of the colon/intestine (partial colectomy) <p>→ NOTE: Inform CM of marrow-only & proceed with request if medically suitable.</p> <p>TU for 12 mos from last episode if >1 episode in past 12 mos</p> <p>Defer if</p> <ul style="list-style-type: none"> - recurrent or poorly controlled disease - surgical removal of entire colon/intestine (full colectomy) - requires treatment with TNF Blocker medication such as Remicade® 	Donor Safety
Cyst	Abnormal closed epithelium-lined cavity in the body, containing liquid or semisolid material; occurs anywhere in the body; can be benign or serious depending on location and number of cysts which may impact organ function	NO	<p>Evaluate type of cyst, current status, and location for possible impact on donation process; status as appropriate</p> <p>☞ See <i>Polycystic Kidney Disease</i> or <i>Polycystic Ovarian Syndrome</i> if applicable</p>	Combined Safety
Cystic Fibrosis	Hereditary disease causing certain glands to produce abnormal secretions, resulting in tissue/organ damage, especially in the lungs and digestive tract	NO	<p>Accept if carrier of the disease</p> <p>Defer if has the disease</p>	Donor Safety
Cytomegalovirus (CMV)	Common herpes virus that generally causes disease only in infants infected before birth and in people who have a weakened immune system	NO	<p>Accept</p> <p>☞ See <i>Jaundice – CMV / EBV</i>, if applicable</p>	
Deep Vein Thrombosis	☞ See <i>Blood Clot</i>			
Degenerative Neurological Disease	Deteriorating brain conditions characterized by a progressive decline in health, memory, comprehension, and judgment; multiple causes		☞ See <i>ALS, Alzheimer's, CJD, vCJD, Dementia, Parkinson's, Gillian-Barre, Huntington's Chorea</i> , if applicable	
Dementia	Neurological disorders affecting ability to think, speak, reason, or remember; multiple causes; can be progressive such as Alzheimer's or CJD or temporary from reaction to medication, infections, or metabolic conditions (delirium)	NO	<p>Accept if temporary condition (delirium) and fully recovered</p> <p>Defer if progressive neurological condition</p> <p>☞ Refer also to A00328, <i>Assessment of Non-Medical Factors Affecting Donor Suitability</i></p> <p>☞ See <i>Alzheimer's</i>, if applicable</p>	Combined Safety
Dengue Fever / Dengue Hemorrhagic Fever	Mosquito-borne viral infection primarily in tropical and sub tropical areas characterized by acute onset of high fever	NO	Accept if fully recovered	Donor Safety
Dental (Oral) Surgery	Surgical treatment of the teeth or mouth <i>Root Canal</i> : performed when the nerve of a tooth becomes infected or the pulp becomes damaged	NO	<p>Evaluate recovery status following recent tooth extractions, root canal, implants or other major dental procedures; status as appropriate</p> <p>☞ See <i>Transplant Recipient</i>, if procedure involved use of cadaveric (deceased donor) or animal bone in past 12 mos</p>	Combined Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Depression	Feeling of intense sadness; may follow a recent loss or other sad event but is out of proportion to that event and persists beyond an appropriate length of time	NO	<p>Accept if well-controlled and diagnosed >6 mos</p> <p>Evaluate with medical staff (current mental health status such as daily functioning, emotional stability, ability to keep appointments, etc.) and status as appropriate if</p> <ul style="list-style-type: none"> - diagnosis ≤ 6 mos - any <u>inpatient</u> medical intervention or therapy ≤12 mos - requires multiple (>3) medications to treat condition <p>☞Refer also to A00328, <i>Assessment of Non-Medical Factors Affecting Donor Suitability</i></p> <p>☞See <i>Psychiatric Illness</i>, if applicable</p>	Donor Safety
Diabetes	<p>Progressive disorder when blood sugar (glucose) levels are abnormally high; no cure; can only be managed; complications include heart and blood vessel disease, nerve, kidney, eye or foot damage, skin and mouth conditions, and osteoporosis; can cause poor healing of wounds and infections</p> <p><i>Type I:</i> pancreas produces little/no insulin; long-term complications develop gradually and, eventually, may be disabling; requires insulin as treatment</p> <p><i>Type II:</i> more common than Type I; body becomes resistant to effects of insulin or doesn't make enough insulin</p> <p><i>Glycated hemoglobin (A1C) test:</i> indicates ave. blood sugar for past 2-3 mos; recommended ≤7% but depends on age and other factors</p>	NO	<p>Accept if</p> <ul style="list-style-type: none"> - well-controlled with diet alone or with oral medications and with no related health problems (such as nerve, kidney, eye, significant gum or periodontal problems or cardiovascular disease) - history of gestational diabetes that resolved after delivery <p>Evaluate with medical staff if taking non-insulin injectable medications (such as Byetta® or Victoza®); status as appropriate</p> <p>Defer if insulin-dependent</p>	Donor Safety
DIC (Disseminated Intravascular Coagulopathy)	Serious systemic condition when blood clotting mechanisms are activated throughout the body instead of being localized to an area of injury; multiple causes	NO	Evaluate underlying medical condition, if applicable, and current health status; status as appropriate	Donor Safety
Diverticulosis / Diverticulitis	<p><i>Diverticulosis:</i> presence of multiple diverticula (balloon-like sacs), usually in the large intestine</p> <p><i>Diverticulitis:</i> inflammation or infection of one or more diverticula</p>	NO	<p>Accept if symptom-free for the past 12 mos</p> <p>Evaluate if history of an episode in past 12 mos; status as appropriate</p> <p>TU for 12 mos from last episode if >1 episode in past 12 mos</p> <p>Defer if history of recurrent or poorly controlled disease</p>	Combined Safety
Down's Syndrome	Genetic disorder with extra chromosome 21; exhibits combination of birth defects; among them, some degree of mental retardation, heart defects, and increased infections	NO	Defer	Combined Safety
Drug Use, Non-prescribed medication and/or illegal drug use	Use of medications not prescribed by MD or other medical professional; may involve needles (possibly shared) which increases risk for exposure to infectious diseases such as HIV and hepatitis and impacts overall general health; includes cocaine, anabolic steroids, methamphetamine, frequent marijuana use, etc.	YES Q #55	<p>Accept if medication is over-the-counter or prescribed, if underlying condition requiring treatment is medically suitable; refer to specific condition if listed</p> <p>Evaluate (and status as appropriate)</p> <ul style="list-style-type: none"> - signs/symptoms of possible infection - impact of drug use on overall physical health - ability to participate in the donation process (such as keep appointments) if history of using non-injected drugs such as those that are inhaled, "sniffed", or swallowed <p>☞Refer also to A00328, <i>Assessment of Non-Medical Factors Affecting Donor Suitability</i></p> <p>☞See <i>Self-injected Drugs</i> RCDAD RISK, if applicable</p>	Combined Safety
Dystonia	Neurologic disorder with sustained muscle contractions causing repetitive movements and abnormal, sometimes painful, postures; may affect any part of the body; may be a diagnosis or symptom of an underlying illness/trauma	NO	<p>Evaluate and status as appropriate</p> <ul style="list-style-type: none"> - underlying medical condition - body location and pain level of muscle contractions 	Donor Safety
Ear Piercing	☞See <i>Piercing</i>			

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Eating Disorder	Maladaptive patterns of eating dominating an individual's eating and overall health; examples include anorexia nervosa and bulimia nervosa	NO	Evaluate general overall physical status (including body size, affect, skin color, etc.); status as appropriate TU for 12 mos from discharge if required treatment (in-patient or outpatient) in the past 12 mos ☞Refer also to A00328, <i>Assessment of Non-Medical Factors Affecting Donor Suitability</i>	Donor Safety
Eczema	Group of medical conditions that cause skin to become inflamed or irritated; most common type is atopic dermatitis	NO	Evaluate if dermatitis is located in any areas that may impact collection (over hips or in elbow area)	Donor Safety
Emphysema	Irreversible enlargement of the air sacs (alveoli) that make up the lungs causing destruction of the air sac walls ☞See COPD			
Encephalitis	Viral infection causing inflammation of the brain	NO	Accept if fully recovered Evaluate any minimal residual neurological impairment; status as appropriate Defer if moderate or severe residual neurological impairment	Donor Safety
Endometriosis	Noncancerous disorder in which pieces of endometrial tissue grow outside the uterus	NO	Accept	
Endoscopy	Procedure to visualize inside of upper portion of gastro-intestinal tract to evaluate or diagnose various GI problems	NO	Evaluate underlying medical condition requiring test; status as appropriate ☞See, <i>Barrett's Esophagus, Cancer, Celiac Disease, Diverticulitis, Gastroesophageal Reflux Disease (GERD), Hiatal Hernia</i> , if applicable	Donor Safety
Epilepsy	Seizure disorder involving periodic disturbances of the brain's electrical activity, resulting in some degree of temporary brain dysfunction	NO	Evaluate underlying medical condition; status as appropriate Accept if well-controlled with no seizures within past 12 mos Evaluate if (and status as appropriate) had 1 or more seizures in the past 12 mos Defer if uncontrolled and/or poorly controlled seizure activity	Donor Safety
Episcleritis	☞See Eye Disease			
Epstein-Barr Virus (EBV)	Common virus which causes a number of diseases, including infectious mononucleosis	NO	Accept if fully recovered TU for 6 mos from diagnosis or today's date if not fully recovered or suffering from complications such as jaundice AT WORKUP: ☞ Inform CM & proceed with request if current EBV reactive with no symptoms ☞See <i>Mononucleosis or Jaundice – CMV / EBV, if applicable</i>	Combined Safety
Eye Disease	Medical conditions that affect the eye including iritis and episcleritis, macular degeneration, glaucoma, conjunctivitis, and cataracts <i>Specific eye conditions that prevent receiving Filgrastim and are PBSC Protocol exclusions:</i> <i>Iritis:</i> inflammatory immune disorder in colored part of the eye (iris); no specific cause; often symptom of other diseases; type of uveitis <i>Episcleritis:</i> inflammatory immune condition of connective tissue between the conjunctiva and sclera known as the episclera; red appearance makes it look like pink eye	NO	Evaluate current status if macular degeneration, glaucoma, conjunctivitis, iritis/uveitis, episcleritis, cataracts or other eye conditions; status as appropriate ☞See NOTE if iritis / uveitis or episcleritis and medically suitable. Evaluate with medical staff history of detached retina or any eye condition that affects blood vessels of eye or history of bleeding or clots in the eye or retina such as optic neuritis or autoimmune retinopathy; may require evaluation as marrow-only; status as appropriate (☞See NOTE if marrow-only) ☞NOTE: Inform CM of iritis / uveitis or episcleritis or if determined to be marrow-only due to any other autoimmune type of eye condition or as directed by medical staff & proceed with request. Iritis / uveitis and episcleritis are PBSC protocol exclusions. ☞See <i>Transplant Recipient</i> if received corneal transplant in the past 12 mos	Donor Safety
Factor V Leiden	Most common hereditary blood coagulation (clotting) disorder in the United States; caused by a gene mutation in clotting Factor V (five); results in an increased risk of blood clots	NO	Accept if family history of disease Defer if diagnosed with condition - either heterozygous (1 gene mutation) or homozygous (2 gene mutations) - even if no history of clots	Donor Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Fainting	Sudden, brief loss of consciousness; can be caused by multiple reasons ranging from temporary situations or related to another medical condition; also called syncope	NO	Accept if benign/non-life threatening condition (e.g. orthostatic hypotension caused by low blood pressure) or vasovagal syncope (stimulation of vagus nerve from various stimuli such as the sight of blood or from pain or distress) Evaluate frequent fainting or if undetermined cause; status as appropriate	Donor Safety
Fatty Liver	Excessive accumulation triglyceride (a fat) inside liver cells; causes are alcoholism, obesity, diabetes, elevated triglyceride levels; can also be malnutrition, hereditary metabolism disorders, and nonalcoholic steatohepatitis (NASH)	NO	Evaluate underlying condition and current health status; status as appropriate Defer if diagnosed with nonalcoholic steatohepatitis (NASH)	Donor Safety
Fibromyalgia	Disorders characterized by achy pain and stiffness in soft tissues, including muscles, tendons, and ligaments; unknown cause but possibly autoimmune; also called fibromyositis or fibrositis	NO	Defer	Donor Safety
G6PD Deficiency	Common inherited metabolic disorder where a specific enzyme that affects cell metabolism (G6PD) is not present; complications can include hemolytic anemia	NO	Evaluate history and current symptoms; status as appropriate → Inform CM & proceed with request if medically suitable	Recipient Safety
Gallstones	Collections of solid crystals (predominantly cholesterol) in the gall bladder or in the bile ducts (biliary tract)	NO	Accept if fully recovered and not associated with hemolytic anemia Evaluate if recent history of gallstones without surgical intervention; status as appropriate	Donor Safety
Gastric By-Pass	↻ See <i>Weight Loss Surgery</i>			
Gastric Ulcers	↻ See <i>Ulcers, Peptic</i>			
Gastroesophageal Reflux Disease (GERD)	Condition when stomach acid or bile flows back (refluxes) into esophagus causing inflammation; complications includes narrowing of the esophagus, ulcers and a slightly increased risk of esophageal cancer	NO	Accept if well-controlled	Donor Safety
Genital Warts	Skin growths in the groin, genital, or anal area; considered a sexually transmitted disease (STD)	NO	Accept	
Giardiasis	Diarrhea-producing infection of the small intestine caused by parasite (<i>Giardia lamblia</i>)	NO	Accept if successfully treated Evaluate current symptoms and treatment status; status as appropriate	Combined Safety
Gilbert's Syndrome	Liver enzyme deficiency causing elevated serum bilirubin levels and sometimes jaundice	NO	Accept	
Glomerulonephritis	↻ See <i>Kidney Disease</i>			
Goiter	Enlargement of thyroid gland; has many possible underlying causes; most common is iodine deficiency	NO	Evaluate underlying medical condition; status as appropriate Accept if iodine deficiency and successfully treated ↻ See <i>Cancer, Graves', Hashimoto's, Hyperthyroidism, Hypothyroidism</i> , if applicable	Combined Safety
Gonorrhea	Sexually transmitted disease caused by bacteria (<i>Neisseria gonorrhoeae</i>)	NO	Accept if successfully treated or currently receiving treatment	Combined Safety
Gout	Metabolic disease marked by deposits of urates in the joints and excessive amount of uric acid in the blood	NO	Accept	

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Graves' Disease	Autoimmune disorder caused by an abnormal protein (antibody) in the blood stimulating thyroid to produce/secret excess thyroid hormones into blood; treatment can include beta-blockers to control symptoms or anti-thyroid medications (propylthiouracil and methimazole [Tapazole®]) to cause remission of hormone over-production or radioactive iodine to destroy overactive thyroid cells or surgery to remove the overactive gland; usual treatment is daily synthetic replacement hormone (such as Levothroid® or Synthroid®)	NO	<p>AT HR/CT: Accept as both PBSC / marrow if well-controlled and >12 mos from diagnosis, including history of treatment with radioactive iodine (→ See NOTE.) TU for 12 mos from diagnosis</p> <p>AT WORKUP: Accept as both PBSC / marrow if well-controlled and >12 mos from diagnosis, including history of treatment with radioactive iodine (→ See NOTE.) Evaluate with medical staff as marrow-only if ≤12 mos from diagnosis, status as appropriate (→ See NOTE.) →NOTE: Inform CM & proceed with request if medically suitable - diagnosis of Graves' and when diagnosed - marrow-only, if applicable</p>	Combined Safety
Growth Hormone Treatment	Medication used to treat variety of pituitary hormone diseases; from 1963-1985 hormone was derived from pooled cadaveric human pituitary glands which transferred CJD; after 1985 a synthetic medication was made available NOTE: <ul style="list-style-type: none"> • "Growth Hormone" (often called HGH) is sold with claims of improving general health; available without prescription and is NOT used to treat pituitary hormone diseases. • HCG (Human Chorionic Gonadotropin) is similarly abbreviated and can be confused with growth hormone; an injected medication used for weight loss. 	YES Q #34	<p>Evaluate underlying condition requiring; status as appropriate Accept if - taking non-prescribed/non-injected over-the-counter HGH ("human growth hormone") - taking prescribed HCG injections - treated with synthetic (recombinant) growth hormone after 1985 - treated with human-derived growth hormone (1963-1985) or a medication was received during that time and type was not known (→ See NOTE.) RCDAD RISK →NOTE: Inform CM & proceed with request</p>	Recipient Safety
Guillain-Barre Syndrome	Inflammatory disorder of the peripheral nerves - those outside the brain and spinal cord - causing rapid muscle weakness and paralysis; cause unknown; also called acute inflammatory demyelinating polyneuropathy and Landry's ascending paralysis	NO	<p>Accept as marrow-only if fully recovered → Inform CM of marrow-only & proceed with request</p>	Donor Safety
Hashimoto's Thyroiditis	Inflammation of thyroid gland causing low production of thyroid hormone; most common type of hypothyroidism in U.S.; considered autoimmune; treatment is daily synthetic replacement hormone (such as Levothroid® or Synthroid®)	NO	<p>AT HR/CT: Accept as PBSC / marrow if well-controlled and >6 mos from diagnosis (→ See NOTE.) TU for 6 mos from diagnosis</p> <p>AT WORKUP: Accept if well-controlled and >6 mos from diagnosis (→ See NOTE.) Evaluate with medical staff as marrow-only if ≤6 mos from diagnosis, status as appropriate (→ See NOTE.) →NOTE: Inform CM & proceed with request if medically suitable - diagnosis of Hashimoto's and when diagnosed - marrow-only, if applicable</p>	Combined Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Headache (HA)	<p><i>Migraine</i>: thought to be caused by functional changes in trigeminal nerve system; can be debilitating and reoccurring; usually located on one side of head; pain, nausea, and visual changes are typical of classic form</p> <p><i>Tension</i>: constant band-like pain, affecting the front, top, or sides of the head; usually gradual onset</p> <p><i>Cluster</i>: intense one-sided pain with burning or piercing quality that is throbbing or constant; pain is located behind one eye or in eye region, without changing sides; occurs regularly; generally at same time of day</p> <p><i>Sinus</i>: deep and constant pain in the cheekbones, forehead or bridge of the nose; usually intensifies with sudden head movement and usually occurs with other sinus symptoms</p>	NO	<p>Evaluate headache type, history, frequency, intensity/pain level and control of headaches; triggers, if known; status as appropriate</p> <p>Accept if infrequent (<4 / week) and/or well controlled by non-narcotic medications or HAs do not impact activities</p> <p>Defer if</p> <ul style="list-style-type: none"> - frequent / severe HAs that are not well controlled and/or symptoms impact activities - concern for ability to successfully keep appointments due to severity/intensity of HAs 	Donor Safety
Head Injury	↻ See <i>Brain Bleed / Injury</i>			
Heart Disease Aneurysm	↻ See <i>Aneurysm</i>			
Heart Disease Angina	↻ See <i>Heart Disease - General</i>			
Heart Disease Atrial Fibrillation	Most common type of arrhythmia; irregular heartbeat disrupts flow of blood through heart; stroke and heart failure are most common complications	NO	Defer	Donor Safety
Heart Disease Bundle Branch Block	Defect of the heart's electrical conduction system seen on EKG; Left Bundle Branch Block (LBBB) can be seen in serious underlying medical conditions such as arterial stenosis; Right Bundle Branch Block (RBBB) generally does not impact overall health; either can be full or incomplete block	NO	<p>Accept if Right Bundle Branch Block (RBBB) previously evaluated and no underlying heart problems identified</p> <p>Evaluate (symptoms, medications, current health) with medical staff if</p> <ul style="list-style-type: none"> - newly identified Right Bundle Branch Block - Left Bundle Branch Block (LBBB) 	Donor Safety
Heart Disease Cardiomyopathy	↻ See <i>Heart Disease / Surgery - General</i>			
Heart Disease Congestive Heart Disease(CHF)	↻ See <i>Heart Disease / Surgery - General</i>			
Heart Disease Coronary Heart Disease	↻ See <i>Heart Disease / Surgery - General</i>			
Heart Disease / Surgery General	Conditions that affect the function of the heart by either disease, lack of oxygen, or restriction of blood flow to the heart muscle; includes angina, cardiomyopathy, coronary artery disease (CAD), heart attack (myocardial infarction / MI); includes surgical interventions to treat these conditions; cardioversion or defibrillation may have been required to restore a fast or irregular heartbeat to a normal rhythm	NO	<p>Defer if</p> <ul style="list-style-type: none"> - ever diagnosed or treated for angina, cardiomyopathy, coronary heart disease (CAD), congestive heart failure (CHF), myocardial infarction (MI or heart attack) - required placement of pacemaker or other device - required coronary artery bypass (CABG) or stent placement - ever required cardioversion or defibrillation (using an electrical procedure or using medicines) <p>↻ See also <i>Heart Surgery - Congenital Heart Condition Corrective Surgery</i></p>	Donor Safety
Heart Disease Heart Attack (MI)	↻ See <i>Heart Disease - General</i>			

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Heart Disease <i>Irregular Heartbeat (Arrhythmias)</i>	<p>Abnormal sequences of heartbeats that are irregular, too fast, too slow, includes tachycardia (fast heart rate - usually 120 beats per minute or more), bradycardia (slow rate), or chronic palpitations</p> <p><i>Paroxysmal supraventricular tachycardia (PSVT):</i> episodes of rapid heart rate starting in part of heart above ventricles</p> <p><i>Premature ventricular contractions (PVCs):</i> extra, abnormal heartbeats that begin in ventricles; sometimes causes flip-flop or skipped; very common</p> <p><i>Premature atrial contractions (PACs):</i> premature heartbeats originating atria; very common</p> <p><i>Ventricular tachycardia: (V-tach)</i> fast heart rhythm originating in ventricles; potentially life-threatening</p>	NO	<p>Accept if no symptoms <u>and</u> not taking heart medications</p> <p>Evaluate with medical staff if requires medication to control irregular heartbeat and has no symptoms or limits to daily activity – <u>excluding atrial fibrillation</u> (→ See NOTE.) See Defer if taking Lanoxin® [digoxin]</p> <p>Defer if</p> <ul style="list-style-type: none"> - required surgical intervention (→ See NOTE.) - has symptoms that are not controlled by medical treatment (for example, describes palpitations, chest pain, or shortness of breath, etc.) - taking Lanoxin® (digoxin) <p>→ NOTE: See <u>exceptions Heart Disease - Atrial Fibrillation or Heart Surgery - Cardiac Ablation</u>, if applicable</p> <p>↻ See <u>Wolff-Parkinson-White Syndrome</u>, if applicable</p>	Donor Safety
Heart Disease <i>Mitral Valve Prolapse</i>	↻ See <u>Heart Disease – Valve Disease/Murmurs</u>			
Heart Disease <i>Patent Foramen Ovale</i>	Hole in heart usually between upper heart chambers that didn't close after birth; may increase risk of clots or stroke	NO	<p>Evaluate with medical staff if diagnosed and no symptoms or required surgical intervention; status as appropriate</p> <p>Defer if</p> <ul style="list-style-type: none"> - has symptoms (e.g., describes palpitations, chest pain, or shortness of breath, etc.) - diagnosed secondary to cardiac event such as a stroke 	Donor Safety
Heart Disease <i>Septal Defect</i>	Heart defect with hole in the wall (septum) between chambers of the heart; may close on own or require surgery <p><i>Ventricular Septal Defect (VSD):</i> holes in wall that separates right and left ventricles of heart</p> <p><i>Atrial Septal Defect (ASD):</i> holes in wall that separates right and left atria of heart</p>	NO	<p>Accept if no symptoms <u>and</u> not taking heart medications <u>and</u> no corrective surgery</p> <p>Evaluate with medical staff if requires medication and has no symptoms or limits to daily activity; status as appropriate</p> <p>Defer if</p> <ul style="list-style-type: none"> - has symptoms (e.g., describes palpitations, chest pain, or shortness of breath, etc.) - required surgical intervention (↻ If surgery performed as child [<18 yrs], see <u>Heart Surgery – Congenital Heart Condition Corrective Surgery</u>.) 	Donor Safety
Heart Disease <i>Valve Disease / Murmurs</i>	<p><i>Valvular disease:</i> malfunction in a heart valve causing leaking (regurgitation) or not opening adequately and thus partially blocking the flow of blood through the valve (stenosis); a common type is mitral valve prolapse</p> <p><i>Heart murmurs:</i> abnormal sounds - such as whooshing or swishing - made by turbulent blood in or near the heart and can be present at birth or develop later in life; a murmur is not a disease but a physical finding that may indicate an underlying problem</p>	NO	<p>Accept if mitral valve prolapse, valvular regurgitation, valvular insufficiency <u>and</u> no ongoing medical care, not on cardiac medications, no symptoms, and no restrictions to daily activity</p> <p>Evaluate with medical staff if (and status as appropriate)</p> <ul style="list-style-type: none"> - cardiac medication for treatment of mitral valve prolapse - describes presence of murmur without specific diagnosis <p>Defer if</p> <ul style="list-style-type: none"> - valvular repair surgery - aortic stenosis - symptomatic valvular disease (shortness of breath, chest pain, swelling in legs, etc) whether or not on medications - valve replacement surgery (human, cow/bovine, porcine/pig, or mechanical) 	Donor Safety
Heart Disease <i>Wolff-Parkinson-White Syndrome</i>	Disorder in which an extra electrical connection between the atria and the ventricles is present at birth	NO	<p>Accept if successfully treated with cardiac ablation</p> <p>Evaluate with medical staff if stable with no symptoms for >12 mos; status as appropriate</p> <p>↻ See <u>Heart Surgery - Cardiac Ablation</u>, if applicable</p>	Donor Safety
Heart Surgery <i>Angiogram Angioplasty</i>	<p><i>Angiogram:</i> test for cardiac disease in which catheter is used to inject a dye that can be seen on x-rays</p> <p><i>Angioplasty:</i> medical procedure used to open narrowed arteries that impede blood flow to the heart; can improve some symptoms such as chest pain, heart attack and stroke</p>	NO	<p>Evaluate underlying medical condition or symptoms requiring angiogram; status as appropriate</p> <p>Accept if had angiogram and no disease detected</p> <p>Defer if required angioplasty or continues to experience angina/chest pain</p>	Donor Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Heart Surgery <i>Cardiac Ablation</i>	Procedure using catheter and radiowaves to ablate (destroy) abnormal tissue areas in the heart causing tachycardia to return to normal rhythm	NO	Accept if successful procedure (e.g. no cardiac medications, no restrictions to activity, and no ongoing medical care)	Donor Safety
Heart Surgery <i>Congenital Heart Condition Corrective Surgery</i>	Surgical repair of heart defect which developed before birth	NO	Accept if successful surgery performed in childhood (<18 yrs) (e.g. no cardiac medications, no restrictions to activity, and no ongoing medical care) Evaluate if successful surgery performed as an adult (e.g. no cardiac medications, no restrictions to activity, and no ongoing medical care) ☞See <i>Heart Disease – Valve Disease / Murmurs</i> or <i>Heart Disease – Septal Defect</i> , if applicable	Donor Safety
Heart Surgery <i>Coronary Artery Bypass</i>	☞See <i>Heart Disease / Surgery - General</i>			
Heart Surgery <i>Pacemaker</i>	☞See <i>Heart Disease / Surgery - General</i>			
Heart Surgery <i>Stent Placement</i>	☞See <i>Heart Disease / Surgery - General</i>			
Hematuria	Blood in urine; can be benign or indicate kidney disease; can be microscopic seen only on UA or gross seen with the eye	NO	Evaluate history and clinical status; status as appropriate	Donor Safety
Hemochromatosis	Condition that develops with too much iron in the body <i>Hereditary</i> (genetic): most common form of disease; an autosomal recessive disorder <i>Acquired</i> (secondary): from having many blood transfusions from trauma, blood disorders (i.e., thalassemia), chronic liver disease, or from taking excessive iron supplements	NO	Accept if hereditary and in good health and receiving treatment (for example, regular phlebotomy) Evaluate underlying condition if acquired; status as appropriate	Donor Safety
Hemophilia	Bleeding disorder caused by a deficiency in blood clotting factors; most common are Factor VIII (hemophilia A) and factor IX (hemophilia B); also Factor XI (hemophilia C)	NO	Accept if carrier of hemophilia A, B, C or reports Factor XII Deficiency Defer if donor has hemophilia A, B, C or other Factor deficiencies (other than Factor XII)	Combined Safety
Henoch-Schonlein purpura	Type of vasculitis causing bleeding in small blood vessels of the skin, joints, intestines and kidneys	NO	Accept as marrow-only if history of childhood HSP (<18 yrs) and no recurrence ➔ Inform CM of marrow-only & proceed with request if medically suitable Defer if any history as adult	Donor Safety
Hepatitis	Inflammation of the liver caused by several reasons from viral to alcohol; refer to specific listings below			
Hepatitis <i>Autoimmune</i>	Associated with other autoimmune diseases, including: hemolytic anemia, proliferative glomerulonephritis, thyroiditis, type 1 diabetes, and ulcerative colitis	NO	Defer	Donor Safety
Hepatitis <i>Close Contact Exposure to Hepatitis</i>	Close contact or sexual contact with a person diagnosed with or exhibiting symptoms of hepatitis, as well as living in dorms, group homes, or prisons increases the risk of possible infection	YES Q #46	Evaluate for signs/symptoms of possible infection if <i>close contact</i> * in the <u>past 12 mos</u> with someone meeting conditions below (and status as appropriate) (➔See <i>NOTE</i> .) - diagnosed with hepatitis B/C or had symptoms of hepatitis B/C infection <u>in the past 12 mos</u> - with unknown type of hepatitis <u>in the past 12 mos</u> - who has <u>known chronic</u> hepatitis B infection - having unknown type of hepatitis >12 mos ago and unknown carrier/chronic infection status RCDAD RISK ➔ NOTE: Inform CM & proceed with request if medically suitable *☞See definition of <i>close contact</i>	Recipient Safety
Hepatitis <i>Drug Induced</i>	Caused by either allergic reaction to or over-dose of prescribed medications, over-the-counter medications, vitamins, hormones, herbs, illicit drugs, and environmental toxins; includes acetaminophen, alcohol, statins (cholesterol reducing medications), and niacin	NO	Accept if fully recovered	Donor Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Hepatitis <i>Type A</i>	Infection caused by hepatitis A virus (HAV) which is found in the stool (feces) of the infected person; usually spread by putting something in the mouth that has been contaminated with the stool of an infected person; once infected cannot have HAV again; there is no chronic (long-term) infection	NO	Accept if - history of diagnosed hepatitis A >6 mos ago and fully recovered (whether or not required immune globulin) - received prophylactic hepatitis A vaccine Evaluate if <2 mos from known exposure or close contact with someone <u>currently</u> sick with hepatitis A (whether or not received immune globulin); status as appropriate TU for 6 mos from diagnosis	Donor Safety
Hepatitis <i>Type B</i>	Serious infection caused by hepatitis B virus (HBV) that attacks the liver; spread through having sex with an infected person, by sharing needles, through needle sticks or exposure to someone else's blood, or from an infected mother to her baby during birth Active Infection: symptoms include loss of appetite, nausea/vomiting, weakness and fatigue, abdominal pain, dark urine, jaundice, joint pain and elevated liver function tests; about 50% of people are no longer infectious by 7 wks after onset of symptoms and all patients, who do not remain chronically infected, will be HBsAg-negative by 15 wks after onset of symptoms Chronic Infection: occurs in 15-25% of infected people when the body did not get rid of the virus when first infected; usually no obvious symptoms and only laboratory indications; people with chronic infection can infect others through exposure to blood, saliva, or sexual contact	YES Q #40 Q #46	Accept if - received prophylactic vaccination for hepatitis B - positive HBsAb (surface antibody) [The antibody produced by either vaccination or past infection; not routinely performed for stem cell donors; results are not used in eligibility determination.] - positive screening test and negative confirmatory test, including anti-HBc (core antibody) (→ See NOTE.) Evaluate (and status as appropriate) (→ See NOTE.) - history of acute hepatitis B that did not progress to chronic infection - positive test for hepatitis B (by either screening or confirmatory testing not listed above) - received HBIG (hepatitis B immune globulin) for exposure in past 12 mos - describes <i>close contact*</i> in the past 12 mos with someone who, <u>in the past 12 mos</u> , was diagnosed with or had symptoms of hepatitis B - describes <i>close contact*</i> with someone with <u>known chronic</u> hepatitis B RCDAD RISK → NOTE: Inform CM & proceed with request if medically suitable TU for 12 mos from diagnosis or onset of symptoms Defer if known carrier or chronic infection with hepatitis B (asymptomatic but Hepatitis B Surface Antigen [HBsAg] positive) *→ See definition of <i>close contact</i>	Combined Safety
Hepatitis <i>Type C</i>	Serious infection caused by hepatitis C virus (HCV) that attacks the liver; spread primarily through direct contact with infected blood; usually isn't transmitted through sexual contact; there is no vaccine to prevent HCV Active Infection: if present, symptoms are usually mild and flu-like and may include slight fatigue nausea or poor appetite, muscle and joint pains, and tenderness in the area of the liver Chronic Infection: 55-85% might develop long-term infection when virus can still be found in the blood 6 mos after onset	YES Q #40 Q #46	Accept if positive screening test with negative supplemental test and HIV NAT (→ See NOTE.) Evaluate (and status as appropriate) (→ See NOTE.) - describes <i>close contact*</i> in the past 12 mos with someone who, <u>in the past 12 mos</u> , was diagnosed with or had symptoms of hepatitis C - indeterminate supplemental testing for hepatitis C RCDAD RISK → NOTE: Inform CM & proceed with request if medically suitable Defer if ever diagnosed with hepatitis C, reports a confirmed positive HCV NAT, or known carrier/chronic infection with hepatitis C *→ See definition of <i>close contact</i>	Combined Safety
Hepatitis - Risk Behaviors	→ See HIV – Risk Behaviors			
Hepatitis <i>Unknown Type</i>	Inflammation of the liver or exhibiting symptoms of hepatitis but potential donor is not able to state a specific diagnosis or underlying cause	YES Q #40	Accept if history of unknown type of hepatitis diagnosed <11yrs of age Evaluate history of unknown type of hepatitis diagnosed ≥11 yrs of age - including infection history and any other associated symptoms; status as appropriate (→ See NOTE.) RCDAD RISK → NOTE: Inform CM & proceed with request if medically suitable	Recipient Safety
Herniated Disc	→ See Back/Neck/Spine Problems			
Herpes Simplex	Viral infection with recurring blisters on skin or mucous membranes; HSV-1(causes cold sores) and HSV-2 (causes genital herpes); transmitted by direct contact with sores	NO	Accept	

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Herpes Zoster <i>Shingles</i> <i>Chicken pox</i>	Varicella-zoster virus infection that produces severely painful blisters; called chicken pox in children and shingles in adults	NO	Accept if fully recovered At WORKUP: Evaluate with medical staff any active disease including current status, course of treatment, etc.; status as appropriate; inform CM as directed by medical staff	Combined Safety
Hiatal Hernia	Hernia where the stomach protrudes through the diaphragm	NO	Accept	
Hidradenitis Suppurativa	Chronic skin condition with painful pea-sized to marble-sized lumps under the skin; may drain foul-smelling pus; also known as acne inversa	NO	Evaluate current status and location of skin involvement; status as appropriate	Donor Safety
Hip Surgery (fracture, replacement, repair)	Fracture of the hip bone or surgical replacement of fractured or diseased hip bone with metal implants	NO	Accept as PBSC / marrow if history of successful treatment for congenital hip defect as child (<18yrs) and has no pins/rods present Evaluate as PBSC-only if history of hip fracture, or replacement; evaluate underlying cause, specific location affected, length of time since injury/surgery, and current pain status. Ensure donor is able to tolerate sitting in apheresis chair for PBSC collection. (→ See NOTE.) →NOTE: Inform CM of PBSC-only & proceed with request ☞See <i>Avascular Necrosis</i> or <i>Perthes disease</i> , if applicable	Donor Safety
Histoplasmosis	Infection caused by the fungus (<i>Histoplasma capsulatum</i>); occurs mainly in the lungs	NO	Accept if fully recovered for >6 mos (→ See NOTE.) Evaluate clinical status if <6 mos and fully recovered; status as appropriate (→ See NOTE.) →NOTE: Consult medical staff to determine if CM should be informed. TU for 6 mos from diagnosis if active disease	Combined Safety
HIV <i>Risk Behaviors</i>	Behaviors/activities which increase risk for exposure to HIV: 1. hemophiliac or has other clotting factor deficiency or required human-derived clotting factor concentrates 2. took money, drugs, or other payment in exchange for sex ≤ 5 yrs 3. man who has had sex with another man ≤ 5 yrs 4. used needles to take drugs/steroids or anything not prescribed by MD ≤ 5 yrs 5. sexual partner ≤ 12 mos of someone who required human derived clotting factor ≤ 5 yrs 6. sexual partner with anyone in categories 2-4 ≤ 12 mos or someone who diagnosed/suspected with AIDS/HIV 7. been raped ≤ 12 mos 8. held in jail, prison, juvenile detention, or lockup for >72 consecutive hrs ≤ 12 mos 9. exposure (direct contact) to blood through needle stick or open sore/wound ≤ 12 mos 10. received tattoo ≤ 12 mos 11. received piercing in which shared instruments are known to have been used ≤ 12 mos	YES Q #43 Q #44 Q #45 Q #46 Q #47 Q #48 Q #49 Q #50 Q #51 Q #52 Q #53 Q #54 Q #55 Q #56 Q #57	Defer if - in category 1 listed in Description (hemophiliac or has other clotting factor deficiency) - <u>currently</u> held in jail, prison, juvenile detention, or lockup Evaluate for signs/symptoms of potential HIV infection (excluding Category 1) RCDAD RISK → Inform CM & proceed with request if medically suitable ☞For Category 4 listed in Description, see also <i>Self-Injected Drugs</i> ☞For Category 9 listed in Description, see also <i>Blood or Body Fluid Exposure</i> ☞For Category 10 listed in Description, see also <i>Tattoos</i> ☞For Category 11 listed in Description, see also <i>Piercing</i>	Combined Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
HIV <i>Symptoms & Tests</i>	Viral illness causing immune deficiency; transmissible in blood and stem cells; symptoms include <ul style="list-style-type: none"> • <u>unexplained</u> weight loss, night sweats, or persistent diarrhea • <u>unexplained</u> persistent cough or shortness of breath • <u>unexplained</u> persistent white spots or unusual sores in the mouth • <u>unexplained</u> temperature higher than 100.5°F (38.0°C) for >10 days • blue or purple spots on or under the skin or mucous membranes • lumps in the neck, armpits, or groin lasting >1 mo 	YES Q #36 Q #37	Accept if positive screening test with both negative supplemental test and HIV NAT (→See NOTE.) Consult with NMDP MD (and status as appropriate) if reports any signs/symptoms of HIV infection (→See NOTE, if instructed by NMDP MD to notify CM.) Consult with NMDP MD if all <u>current</u> HIV testing is negative and (→See NOTE.) <ul style="list-style-type: none"> - past indeterminate HIV-1 Western Blot - past indeterminate HIV-2 Immunoblot - past positive HIV-1 NAT Defer if donor has disease or confirmed positive testing RCDAD RISK →NOTE: Inform CM & proceed with request ↻See also <i>HIV-Subgroup O</i> , if applicable	Combined Safety
HIV-1 group O	Rare strain of HIV that is not consistently detected by all current test methods in U.S.; increased risk in countries of Africa: Benin, Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Kenya, Niger, Nigeria, Senegal, Togo, or Zambia	YES Q #36 Q #56 Q #57	Accept if (→See NOTE.) <ul style="list-style-type: none"> - travel (defined as ≤12 mos) to listed African countries - born/lived (defined as >12 mos) in listed African countries since 1977 - sexual partner of anyone who, since 1977, was born/lived in listed countries RCDAD RISK →NOTE: Inform CM & proceed with request Defer if received blood transfusion or any invasive medical treatment while in the listed countries since 1977 ↻See <i>Travel-Malaria Endemic Area</i> , if applicable	Recipient Safety
Hospitalization	Stay in hospital for treatment of medical condition or trauma	NO	Evaluate underlying medical condition requiring hospitalization <u>in past 12 mos</u> ; status as appropriate Accept if >6 mos from hospitalization and fully recovered - unless major trauma Evaluate current recovery status if (and status as appropriate) <ul style="list-style-type: none"> - ≤6 mos from hospitalization – if not major trauma - ≤12 mos from major trauma (e.g. multiple injuries, large volume blood loss, serious head trauma, or internal injuries, etc.) - not fully recovered – no matter length of time since hospitalization ↻See <i>Surgery</i> , if applicable	Combined Safety
Human Bite	↻See <i>Bite</i>			
Human Papillomavirus (HPV)	Virus that causes cervical cancer and genital warts	NO	Accept if <ul style="list-style-type: none"> - current diagnosis or history of genital warts - history of treated cervical cancer <i>in situ</i> (Stage 0) - history of cervical dysplasia - received HPV vaccine (Gardisal) ↻See <i>Pap Smear</i> , if applicable	Recipient Safety
Huntington's Chorea	Progressive condition causing nerve cells in the brain to waste away; symptoms may include uncontrolled movements, emotional disturbances and mental deterioration	NO	Accept if <ul style="list-style-type: none"> - has not been tested and no evidence of disease - has mutation but no evidence of disease - does not have mutation for disease Defer if has disease	Donor Safety
HTLV-I/II	Two viruses which infect a blood cell (T-lymphocyte) involved in fighting infections; uncommon in U.S. but found in Japan, the Caribbean, Asia, and Africa; in U.S., risks appear to be IV drug use and in persons with multiple sex partners, genital ulcers, or a history of syphilis; HTLV-I is a lifelong infection; in rare cases, can cause adult T-cell leukemia	YES Q #39	Accept if positive screening test and negative supplemental test or PCR negative (→See NOTE.) Consult medical staff if (status as appropriate) (→See NOTE.) <ul style="list-style-type: none"> - repeat positive HTLV screening tests and no further definitive tests - past indeterminate Western Blot test results RCDAD RISK →NOTE: Inform CM & proceed with request if medically suitable Defer if diagnosed with HTLV-I or HTLV-II	Combined Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Hydrocephalus	Abnormal accumulation of cerebrospinal fluid (CSF) in brain ventricles causing increased intracranial pressure; treated with surgical placement of shunt into brain to drain CSF	NO	Defer	Donor Safety
Hyperlipidemia	Abnormally high levels of lipids (cholesterol, triglycerides, or both) carried by lipoproteins in the blood	NO	Evaluate if not well-controlled with diet or medication and correlate with cardiac status Defer if history of plasma exchange or diagnosed with cardiac disease	Donor Safety
Hypertension	↻See <i>Blood Pressure, High</i>			
Hypotension	↻See <i>Blood Pressure, Low</i>			
Idiopathic Thrombocytopenia Purpura (ITP)	Disease in which antibodies form and destroy the body's platelets; cause is unknown	NO	Accept as marrow-only if childhood ITP (<18 yrs) and no recurrence → Inform CM of marrow-only & proceed with request Defer if any history as an adult	Donor Safety
Immunoglobulin A (IgA) Deficiency	Acquired, sometimes inherited, immunodeficiency of IgA which is the main mechanism for providing local immunity against infections in the gut or respiratory tract	NO	Evaluate with medical staff low level of IgA and clinical status Defer if absent IgA level	Donor Safety
Insulin Resistance	Cells become resistant to effects of insulin; possible causes from steroid use to obesity to pregnancy; can be precursor to diabetes	NO	Evaluate underlying medical condition; status as appropriate	Donor Safety
Interstitial Cystitis	Chronic inflammation of the bladder; unknown cause	NO	Evaluate with medical staff history and clinical status for increased risk with donation of marrow (catheter placement) and PBSC (fluid exchange); status as appropriate	Donor Safety
Intracranial Hemorrhage	Blood vessel in skull ruptures or leaks; can result from trauma (e.g. head injury) or nontraumatic causes (e.g. aneurysm) ↻See <i>Brain Bleed / Injury</i>			
Iritis	↻See <i>Eye Disease</i>			
Irritable Bowel Syndrome (IBS)	Motility disorder of the entire digestive tract causing abdominal pain, constipation, or diarrhea	NO	Accept if well-controlled Evaluate with medical staff if recurrent or poorly controlled disease; status as appropriate	Donor Safety
IV Drug Use	↻See <i>Self Injected Drugs</i>			
Jaundice	Yellowish discoloration in the skin and whites of eyes caused by abnormally high levels of the pigment bilirubin in bloodstream; symptom of multiple conditions; see specific listings below			
Jaundice <i>CMV / EBV</i>	Jaundice caused by cytomegalovirus (CMV) infection or Epstein Barr virus (EBV) which involved the liver	NO	Accept if fully recovered and >6 mos from recovery ↻See also <i>Cytomegalovirus</i> or <i>Epstein Barr virus</i> , if applicable	Combined Safety
Jaundice <i>Gallstone / Bile duct obstruction</i>	Jaundice caused when an infection starts due to obstruction of the bile ducts (biliary tract)	NO	Accept if fully recovered and not related to hemolytic anemia	Donor Safety
Jaundice <i>Medication-induced</i>	Jaundice caused after prolonged use of certain drugs causing chronic inflamed liver; examples are methyldopa (Aldomet®), isoniazid (INH®), nitrofurantoin (Furadantin® or Macrochantin®) and possibly acetaminophen (Tylenol®)	NO	Evaluate underlying medical condition requiring medication; status as appropriate Accept if fully recovered and >6 mos from recovery TU for 6 mos from recovery if jaundice in past 6 mos	Donor Safety
Jaundice <i>Newborn</i>	Newborn's red blood cells destroyed by maternal antibodies that cross placenta; also called Hemolytic Disease of the Newborn or erythroblastosis fetalis	NO	Accept	

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Jaundice <i>Unexplained Jaundice</i>	Jaundice of unknown cause; may be a symptom of multiple conditions	YES Q #40	Accept if jaundice <11 yrs of age Evaluate if jaundice ≥11 yrs of age including infection history and any other symptoms; status as appropriate (→See NOTE.) RCDAD RISK →NOTE: Inform CM & proceed with request if medically suitable ☞If diagnosed with hepatitis, see <i>Hepatitis</i> categories	Combined Safety
Kaposi's Sarcoma	Cancer appearing as painless, red to purple, raised patches on the skin; affects many with AIDS	YES Q #37	Defer	Combined Safety
Kawasaki syndrome	Temporary inflammation in walls of small- and medium-sized arteries throughout body; most common in children who recover without serious problems	NO	Accept as marrow-only if childhood illness (<18 yrs) and no secondary cardiac complications → Inform CM of marrow-only & proceed with request if medically suitable	Combined Safety
Kidney Disease <i>Glomerulonephritis</i>	Disease affecting kidneys' ability to remove waste and excess fluids; unknown cause; can be acute or chronic; can be part of a systemic disease, such as lupus or diabetes, or disease by itself	NO	Accept if acute infection and fully recovered Defer if chronic infection or associated with systemic disease such as lupus or diabetes	Donor Safety
Kidney Disease <i>Kidney Stones</i>	Hard masses that form anywhere in the urinary tract; may cause pain, bleeding, obstruction, or infection	NO	Accept if fully recovered Evaluate if monitoring presence of kidney stones in past 3 mos	Donor Safety
Kidney Disease <i>Nephrotic Syndrome</i>	Condition marked by very high levels of protein in urine (proteinuria); results in damage to kidney; can occur with many diseases; most commonly diabetes	NO	Defer	Donor Safety
Kidney Disease <i>Polycystic Kidney Disease</i>	Inherited disorder in which many fluid-filled sacs (cysts) form in both kidneys	NO	Defer	Donor Safety
Kidney Removal / Single Kidney	Surgical removal of a kidney (nephrectomy) due to disease, injury, donation or being born with one kidney	NO	Defer if kidney removed due to disease Evaluate current kidney status if has one kidney due to injury, donation, or born with one kidney Accept if - normal kidney function - fully recovered, if kidney donated or removed due to injury Defer if less than normal function in remaining kidney	Donor Safety
Klinefelter's Syndrome	Disorder in which male infants are born with an extra X chromosome (XXY)	NO	Accept → Inform CM of condition & proceed with request	Recipient Safety
Leishmaniasis	Parasitic disease spread by infected sand flies; most common forms are <i>cutaneous</i> causing skin sores and <i>visceral</i> affecting internal organs; endemic in various parts of the world including Middle East (and Iraq)	NO	Accept if had disease >12 mos ago or travel to Iraq >12 mos ago Evaluate if diagnosed ≤12 mos or travel to Iraq ≤12 mos; status as appropriate (→See NOTE.) →NOTE: Inform CM & proceed with request if ≤12 mos departure from Iraq or diagnosed ≤12 mos ago and medically suitable	Combined Safety
Liver disease	Conditions caused by infections, disease, injury, or medications that impact effectiveness of the liver		☞See individual categories of <i>Cirrhosis</i> , <i>Gilbert's Syndrome</i> , <i>Hepatitis</i> , and <i>Jaundice</i>	
Lichen Planus	Common inflammatory disease of the skin and mouth; considered immune in nature	NO	Accept as marrow-only if well-controlled → Inform CM of marrow-only & proceed with request	Donor Safety
Lichen Sclerosus	Long-term painful skin condition; mostly affects the genital and anal areas; considered immune in nature	NO	Accept as marrow-only if well-controlled → Inform CM of marrow-only & proceed with request	Donor Safety
Low Platelets	☞See <i>Thrombocytopenia</i> or <i>ITP</i>			
Lung Disease	Conditions caused by infections, disease, injury, or medications that impact effectiveness of the lungs		☞See individual categories of <i>Asthma</i> , <i>Bronchitis</i> , <i>COPD</i> , <i>Pneumonia</i> , and <i>Tuberculosis</i>	
Lupus <i>Cutaneous/Discoïd</i>	Chronic cutaneous lesions commonly appearing on the face or scalp; considered autoimmune	NO	Accept as marrow-only if well-controlled → Inform CM of marrow-only & proceed with request	Donor Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Lupus <i>Systemic (SLE)</i>	Chronic inflammatory connective tissue disorder involving joints, kidneys, mucous membranes, and blood vessel walls; considered autoimmune	NO	Defer	Combined Safety
Lyme Disease	Inflammatory disease caused by a spirochete and transmitted by tick bite	NO	Accept if successfully treated Defer if chronic infection or requires ongoing medical treatments	Donor Safety
Malaria	Infection of red blood cells with parasite (<i>Plasmodium</i>), which causes fever, an enlarged spleen, and anemia; has been transmitted via blood products	NO	Accept if treated and asymptomatic (no symptoms) for >3 yrs if history of previous infection Evaluate with medical staff if had malaria ≤3 yrs; status as appropriate (→ See NOTE.) → NOTE: Inform CM & proceed with request if medically suitable TU if active disease; consult with medical staff to determine length of TU ↻ See <i>Travel/Residence, Malaria Endemic Area</i> , if applicable	Combined Safety
Malignant Hyperthermia	Syndrome "triggered" in susceptible individuals by general anesthetics; signs include muscle rigidity and temperature >106°F; also called Malignant Hypothermia or MH	NO	Evaluate as PBSC-only if (status as appropriate) - has this condition - reports a first degree relative (parent / sibling / child) with this condition → NOTE: Inform CM of PBSC-only & proceed with request if medically suitable	Donor Safety
Marfan's Syndrome	Rare connective tissue disorder resulting in abnormalities of the eyes, bones, heart, and blood vessels	NO	Defer	Donor Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Medication	<p>Substance used for medical treatment</p> <p>In the assessment of potential stem cell donors, it is usually not the actual medication that would cause an issue but the underlying medical condition that required the treatment; there are some types of medications that in and of themselves would increase donor or recipient risk but those are often also required in treatment of a medical condition that also would likely defer the donor as well.</p> <p>➔See additional discussion in A00329, <i>Rationale and Action Guide</i> for question #3.</p>	NO	<p>Accept if participation in an investigational study that does not involve receipt of an experimental medication</p> <p>Evaluate (and status as appropriate) underlying condition requiring treatment with medication</p> <p>Evaluate with NMDP MD if receiving experimental new drug or currently in research study that might interfere with logistics of donation process; status as appropriate</p> <p>Accept if taking the following medications:</p> <ul style="list-style-type: none"> - Medications that have fetal risk (called Category X by the FDA) and which may defer blood donation such as Accutane®, Amnesteem®, Claravis®, Sotret®, Proscar®, Propecia®, Soriatane®, Avodart®, and Tegison®, if underlying condition is acceptable - Birth control pills - Thyroid hormone replacement medication (not for cancer), if well controlled - Prescription eye drops, if underlying condition is acceptable - Topical medications (i.e., for acne) including topical steroids - Allergy medications such as antihistamines or allergy shots - Antibiotic or antiviral, if treating current infection that is resolving or for treatment of acne - Anti-anxiety and anti-depression medications, such as diazepam and Prozac®, if well-controlled - Hypertension medications, if there is no underlying cardiac disease and is well-controlled - Over-the-counter vitamins, mineral, and herbal products - Antacid or acid reflux medications such as Prilosec®, Nexium®, Tagamet® and Mylanta®, if well-controlled <p>Evaluate if taking the following medications:</p> <ul style="list-style-type: none"> - Short term oral steroids (taking <3 months) such as prednisone, hydrocortisone, cortisone, Decadron®, Hydrocortone®, and Medrol® - Anti-inflammatory or pain medications taken on daily/frequent basis to control chronic pain such as ibuprofen, Celebrex®, Indocin®, Vicodin®, and Demerol® - Oral diabetic medications such as Diabinese®, Orinase®, Tolinase®, Glucotrol®, DiaBeta®, Micronase®, and Amaryl® - Injected non-insulin medication (such as Byetta® or Victoza®) for treatment of diabetes - Medications used as part of a clinical trial or investigation <p>Defer if taking the following medications:</p> <ul style="list-style-type: none"> - Insulin - Chemotherapy such as Carmustine®, Cytosan®, Leukeran®, Platinol®, and tamoxifen (unless taking for cancer prevention) - Cardiac medications such as nitroglycerin, Isordil®, and Lanoxin® (digoxin) - Suboxone® or methodone as part of treatment program - Immunosuppressive medication such as Imuran®, cyclosporine, and Cytosan® - TNF Blockers such as Humira®, Enbrel®, Remicade®, and Raptiva® - Long-term oral steroids (≥3 mos) such as prednisone, hydrocortisone, cortisone, Decadron®, Hydrocortone®, and Medrol® - Blood thinner medication such as Coumadin® (warfarin), Ticlid®, Lovenox®, Xarelto®, and Plavix® 	Combined Safety
Meniere's Syndrome	Chronic disorder characterized by recurring attacks of disabling vertigo (a whirling sensation), hearing loss, and tinnitus; possible abnormal immune response	NO	<p>Accept as marrow-only if well-controlled and no symptoms</p> <p>Evaluate as marrow-only if reports current symptoms (status as appropriate)</p> <p>➔Inform CM of marrow-only & proceed with request if medically suitable</p>	Donor Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Meningitis	Infection of the layers of tissue covering the brain and spinal cord (meninges)	NO	Accept if fully recovered	Donor Safety
Mental Retardation	Characterized both by a significantly below-average IQ and limitations in the ability to function in areas of daily life; sometimes referred to as a cognitive or intellectual disability	NO	Defer if diagnosed with mild, moderate, severe, or profound retardation ↻Refer also to A00328, <i>Assessment of Non-Medical Factors Affecting Donor Suitability</i> ↻See <i>Down's Syndrome</i> , if applicable	Combined Safety
MGUS	↻See <i>Monoclonal Gammopathy</i>			
Migraine Headache	↻See <i>Headache</i>			
Miscarriage	Natural or spontaneous end of a pregnancy; has many possible causes from trauma to maternal infection to genetic conditions; also called spontaneous abortion (SAB); history of multiple miscarriages can indicate medical conditions	NO	Evaluate (status as appropriate) - current health status following miscarriage - any underlying medical condition causing miscarriage(s), if known (such as Anticardiolipin Syndrome or Antiphospholipid Syndrome) ↻For questions about conception following receipt of filgrastim, see A00342, <i>General Information About Filgrastim for Donor Center and Recruitment Staff</i>	Donor Safety
Molar Pregnancy	Growth of an abnormal fertilized egg or an overgrowth of tissue from the placenta; also called hydatidiform mole; 2- 3% become cancerous and spread through body causing choriocarcinoma	NO	Accept if successfully treated Defer if diagnosed with choriocarcinoma	Donor Safety
Monoclonal Gammopathy	Presence of monoclonal paraproteins in blood identified in serum protein electrophoresis (SPE); causes can be multiple myeloma or lupus or can be of undetermined significance (often referred to as MGUS)	NO	Defer	Combined Safety
Mononucleosis, Infectious	Infection caused by Epstein-Barr virus (EBV) with presence of large numbers of white blood cells (mononuclear cells) in the bloodstream; causes mild liver inflammation (hepatitis) and jaundice occurs occasionally	NO	Accept if fully recovered and >6 mos from diagnosis Evaluate recovery status if ≤6 mos from diagnosis; status as appropriate TU for 6 mos from diagnosis or today's date if not fully recovered or had jaundice with infection ↻See also <i>Epstein Barr Virus and Jaundice –CMV / EBV</i> , if applicable	Combined Safety
MRSA (Methicillin-Resistant Staphylococcus Aureus)	Strain of bacteria resistant to broad-spectrum antibiotics; can be fatal; most often acquired in health care setting but also can affect healthy people; responsible for serious skin and soft tissue infections and for a serious form of pneumonia	NO	Accept if successfully treated or known carrier status with no symptoms Defer if history of recurrent symptomatic infections	Combined Safety
MTHFR (Metholene-tetra-hydro-folate-reductase)	Missing enzyme needed to break down an amino acid; elevated levels seen with fetal defects and miscarriage; also increased risk for strokes, blood clots, arteriosclerosis	NO	Accept if stable and no history of clot or stroke → Inform CM of diagnosis & proceed with request	Combined Safety
Multiple Sclerosis	Disorder with patches of myelin and underlying nerve fibers in eyes, brain, and spinal cord that are damaged or destroyed	NO	Defer	Donor Safety
Muscular Dystrophy	Group of inherited muscle disorders that lead to muscle weakness of varying severity	NO	Defer	Donor Safety
Myasthenia Gravis	Autoimmune disorder in which communication between nerves and muscles is impaired, resulting in episodes of muscle weakness	NO	Defer	Donor Safety
Narcolepsy	Sleep disorder marked by recurring, uncontrollable episodes of sleep during normal waking hours	NO	Accept	
Neck Problems	↻See <i>Back/Neck Problems</i>			
Needle Stick	↻See <i>Blood or Body Fluid Exposure</i>			

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Neurofibromatosis	Genetic disorder with many soft, fleshy growths of nerve tissue (neurofibromas) growing under the skin and in other parts of the body	NO	Defer	Combined Safety
Neuropathy	Disorder of the peripheral nerves; usually affects the hands and feet, causing weakness, numbness, tingling and pain; cause may be unknown or from underlying illness	NO	Evaluate if history of nerve injury causing symptoms Defer if result of systemic disorder such as with diabetes	Donor Safety
Nonalcoholic Steatohepatitis (NASH)	Resembles alcoholic liver disease, but occurs with little or no alcohol use; fat seen in liver along with liver damage ☞ See <i>Fatty Liver</i>			
Organ Donor, Living	Elective donation of a section of liver or lung or a kidney to another person	NO	Accept if fully recovered kidney, lung or liver donor Evaluate if not fully recovered; status as appropriate Defer if less than normal function in remaining organ ☞ See <i>Kidney - Kidney Removal / Single Kidney</i> , if applicable	Donor Safety
Organ Recipient	☞ See <i>Transplant Recipient</i>			
Osgood-Schlatter Disease	Overuse syndrome with pain over bony prominence of upper shinbone just below kneecap; occurs in adolescence	NO	Accept if fully recovered	Donor Safety
Osteoporosis / Osteopenia	<i>Osteopenia</i> : decreasing calcification or density of bone; placing a person <u>at risk</u> for osteoporosis; may be treated with bone replacement medications to prevent bone loss <i>Osteoporosis</i> : a progressive decrease in bone density weakening the bones, making fractures likely	NO	Evaluate current status including if taking bone replacement medication (to prevent bone loss versus treatment of bone loss); status as appropriate Accept if osteopenia or mild osteoporosis (defined as minimally affecting ADLs, on minimal medications, and no history of fractures) Evaluate as PBSC-only if history of fractures secondary to osteoporosis disease; evaluate carefully fracture recovery, current and/or ongoing pain, or limitations to ADLs which might be exacerbated by side effects from Filgrastim. Ensure donor is able to tolerate sitting for PBSC collection. ➔ Inform CM if of PBSC-only & proceed with request if medically suitable	Donor Safety
Panic Attacks	Sudden episodes of intense fear that prompts severe physical reactions in the person's body	NO	Evaluate frequency and triggers for panic attacks; status as appropriate ☞ Refer to A00328, <i>Assessing Non-Medical Factors Affecting Donor Suitability</i>	Donor Safety
Pap Smear	Microscopic examination of cells scraped from the cervix; results defined as benign (noncancerous), precancerous (showing some abnormal cell changes), and malignant (possibly cancerous)	NO	Accept if precancerous or noncancerous or routine monitoring/watching of abnormal pap Evaluate if ongoing evaluation or treatment	Combined Safety
Paraplegia	Paralysis and loss of function below the waist caused by spinal cord injury of the thoracic or lumbar area	NO	Defer	Donor Safety
Parkinson's	Slowly progressive degenerative disorder of nervous system	NO	Defer	Combined Safety
Pericarditis	Inflammation of the sac around the heart (pericardium)	NO	Accept if history of acute pericarditis and successfully treated Defer if chronic pericarditis	Donor Safety
Peripheral Vascular Disease	Condition in which fatty blockages in arteries restricting blood circulation, high risk for stroke and heart attack; most common type is peripheral arterial disease or PAD	NO	Defer	Donor Safety
Perthes Disease	Osteonecrosis ("bone death") of hip joint seen in children; also called Legg-Calvé-Perthes or Legg-Perthes disease	NO	Defer	Donor Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Piercing	Piercing in locations on the body (including ears, navel, eye brows, tongue, etc.); if shared nonsterile needles/instruments were used can increase exposure to infectious diseases such as HIV/hepatitis	YES Q #44	Accept if - >12 mos since piercing - ≤12 mos from piercing and <u>sterile</u> single use needles/instruments were used Evaluate for signs/symptoms of possible infection if ≤12 mos from piercing and shared or non-sterile single use needles/instruments were used (→ See NOTE.) RCDAD RISK → NOTE: Inform CM & proceed with request if medically suitable	Recipient Safety
Pituitary Adenoma	Abnormal growth in the pituitary gland, the part of the brain that regulates the body's balance of hormones	NO	Accept if - tumor is present and symptoms are well-controlled - successfully treated by removal of tumor with non-invasive endoscopic surgery through nose Defer if treated by surgery through the skull and dura (brain tissue) or stereotactic radiosurgery such as gamma-knife radiosurgery	Donor Safety
Pneumonia	Infection of the small air sacs of the lungs (alveoli) and the tissues around them	NO	Accept if fully recovered Evaluate current symptoms and treatment status; status as appropriate	Combined Safety
Pneumothorax	Collection of air or gas in the space surrounding the lungs; may result from chest trauma, excessive pressure on the lungs, or an underlying lung disease	NO	Evaluate with medical staff ; status as appropriate - any underlying medical condition - current health status - history of >1 episode	Donor Safety
Polycystic Ovarian Syndrome (PCOS)	Endocrine disorder characterized by enlarged ovaries with multiple small cysts, weight gain, infertility; often develops insulin resistance/diabetes; no cure but can be managed	NO	Accept if well-controlled and diagnosed >6 mos Evaluate if ≤6 mos from diagnosis; status as appropriate	Donor Safety
Polymyalgia Rheumatica	Inflammatory arthritic condition with severe pain and stiffness in muscles of neck, shoulders, and hips; cause is unknown	NO	Defer	Combined Safety
Polymyositis	Uncommon connective tissue disease characterized by muscle inflammation and weakness; autoimmune	NO	Defer	Combined Safety
Polyps	Growth of tissue from the intestinal or rectal wall that protrudes into the intestine or rectum and may be noncancerous or cancerous	NO	Accept if noncancerous or precancerous	Combined Safety
Postural Orthostatic Tachycardia Syndrome (POTS)	Syndrome of orthostatic intolerance in younger patients with tachycardia and little or no fall in BP; cause is not clear	NO	Defer	Donor Safety
Pregnancy	Woman's body providing environment in which a fertilized egg can develop into fetus/infant	NO	TU for duration of pregnancy and appropriate recovery time ☞ See <i>Breastfeeding, Miscarriage, or Molar Pregnancy</i> , if applicable ☞ For questions about conception following receipt of Filgrastim, see A00342, <i>General Information About Filgrastim for Donor Center and Recruitment Staff</i>	Donor Safety
Pregnancy, Molar	☞ See <i>Molar Pregnancy</i>			
Prolactinoma	Benign tumor of the pituitary gland producing a hormone called prolactin; most common type of pituitary tumor	NO	Accept if - tumor is present and symptoms are well-controlled - successfully treated by removal of tumor with non-invasive endoscopic surgery through the nose Defer if treated by surgery through the skull and dura (brain tissue) or stereotactic radiosurgery such as gamma-knife radiosurgery	Donor Safety
Protein S Deficiency	Genetic disorder of blood clotting; increased risk of developing abnormal blood clots	NO	Defer	Donor Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Prothrombin Gene Mutation	Second most common cause of inherited thrombophilia in US; caused by mutation in gene for blood clotting protein called prothrombin (also called Factor II); prone to blood clots	NO	Defer	Donor Safety
Prostate, Enlarged (Benign Prostatic Hyperplasia)	Noncancerous (benign) enlargement of the prostate gland that can make urination difficult; also called BPH	NO	Evaluate significant urinary dysfunction; status as appropriate	Donor Safety
Pseudotumor Cerebri	High pressure within skull caused by buildup or poor absorption of cerebrospinal fluid; means "false brain tumor"; symptoms mimic brain tumor; also called idiopathic intracranial hypertension (IIH)	NO	Accept if symptoms are well-controlled Defer if treated by surgery through the skull and dura (brain tissue) or stereotactic radiosurgery such as gamma-knife radiosurgery	Donor Safety
Psoriasis	Chronic, recurring disease that causes one or more raised, red patches that have silvery scales and a distinct border between the patch and normal skin; cause is unknown	NO	Accept as marrow-only if mild (has small, isolated patches and not requiring oral medication) and no involvement near collection site (→See NOTE.) Evaluate as marrow-only if moderate (requires oral medication or skin involved is near collection site); status as appropriate (→See NOTE.) →NOTE: Inform CM of marrow-only & proceed with request if medically suitable Defer if severe or requires injectable medication such as Amevive®, Enbrel®, Humira®, Raptiva® and Remicade® ☞See <i>Arthritis - Psoriatic</i> , if applicable	Combined Safety
Psychiatric Illness	Disorders with disturbances in thinking, emotion, and behavior; caused by complex interactions between physical, psychological, social, cultural, and hereditary influences; may impact donor's ability to understand consent process or ability to follow-through in the donation process; examples include depression, schizophrenia, schizoaffective disorder, obsessive-compulsive disorder, anxiety disorder, manic-depressive disorder, bipolar disorder	NO	Evaluate (current mental health status such as daily functioning, emotional stability, ability to keep appointments, etc.) and status as appropriate if <2 yrs from hospital discharge if required inpatient treatment in past 2 yrs Accept if outpatient treatment for non-psychotic condition and well-controlled with medication and/or therapy Defer if psychotic disorder (such as schizophrenia) requiring anti-psychotic medications or any condition requiring intensive inpatient/outpatient treatment ☞Refer also to A00328, <i>Assessment of Non-Medical Factors Affecting Donor Suitability</i> ☞See also <i>Depression, Bipolar Disorder, Cognitive Impairment, or Panic Attack</i> , if applicable	Combined Safety
Pulmonary Embolism	Sudden blocking of an artery of the lung (pulmonary artery) by an embolus—usually a blood clot (thrombus)	NO	Defer	Donor Safety
Quadriplegia	Paralysis and loss of sensation generally from neck down following injury to spine at cervical level	NO	Defer	Donor Safety
Rabies	Viral infection of the brain that is transmitted by animals and causes inflammation of the brain and spinal cord	NO	Accept if fully recovered or >12 mos from exposure Evaluate if ≤12 mos of diagnosis or rabies vaccine; status as appropriate → Inform CM & proceed with request if ≤12 mos rabies vaccine and medically suitable ☞See <i>Vaccine / Exposure to Infection</i> , if applicable	Combined Safety
Raynaud's Disease / Raynaud's Phenomena	Conditions in which small arteries (arterioles), usually in fingers or toes, constrict more tightly in response to exposure to cold; possibly autoimmune <i>Idiopathic Raynaud's disease</i> : underlying cause unknown <i>Raynaud's phenomenon/syndrome</i> : has an underlying causative disorder/trauma such as scleroderma, lupus, rheumatoid arthritis, drug side effects, extreme cold exposure	NO	Accept as marrow-only if mild (defined as not requiring medication) (→See NOTE.) Evaluate as marrow-only if moderate to severe (defined as requiring medication) and/or concurrent with other disorder; status as appropriate (→See NOTE.) →NOTE: Inform CM of marrow only & proceed with request if medically suitable	Combined Safety
Reactive Airway Disease	☞See <i>Asthma</i>			
Reflex Sympathetic Dystrophy Syndrome (RSDS)	☞See <i>Complex Regional Pain Syndrome</i>			

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Reiter's Syndrome	↻ See <i>Arthritis - Reactive</i>			
Restless Leg Syndrome	Neurological disorder characterized by unpleasant sensations in the legs and an uncontrollable urge to move when at rest in an effort to relieve these feelings	NO	Accept	
Rheumatic Fever	Inflammation of the body's organ systems, especially the joints and the heart, resulting from complication of strep infection in throat; can permanently damage heart valves	NO	Accept if fully recovered ↻ See <i>Heart Disease - Valve Disease/ Murmurs</i> , if heart involvement	Combined Safety
Rosacea	Persistent skin disorder, usually on the face; cause is unknown	NO	Accept	
Root Canal	↻ See <i>Dental Surgery</i>			
Sarcoidosis	Abnormal collections of inflammatory cells (granulomas) form in many organs of the body; cause is unknown	NO	Accept as marrow-only if no symptoms or medications for >12 mos (↻ See <i>NOTE</i> .) Evaluate as marrow-only if has symptoms or on medications; status as appropriate (↻ See <i>NOTE</i> .) ↻ <i>NOTE: Inform CM of marrow-only & proceed with request</i> if medically suitable	Combined Safety
Sciatica	↻ See <i>Back/Neck Problems</i>			
Scleroderma	Group of rare, progressive diseases that involve the hardening and tightening of the skin and connective tissues	NO	Evaluate as marrow-only if localized skin involvement only; status as appropriate ↻ <i>Inform CM of marrow-only & proceed with request</i> if medically suitable Defer if systemic condition	Combined Safety
Scoliosis	↻ See <i>Back/Neck Problems</i>			
Seizures Disorders	↻ See <i>Epilepsy</i>			
Self-injected Drugs	Method to inject medications into body; can be IV (in the veins) or subcutaneous (under the skin) or IM (in the muscle); if used non-prescribed (such as for street drugs or steroids) in the past 5 years can involve shared non-sterile needles and increased risk for infectious diseases such as HIV/hepatitis	YES Q #54	Accept if - used self-injected medications prescribed for acute or temporary illness (such allergic reaction or infection) and no shared needles were involved - used non-prescribed self-injected drugs >5 yrs ago Evaluate if reports use of IV drugs in past 5 years (and status as appropriate) (↻ See <i>NOTE</i> .) - sign/symptoms of possible infection with HIV/Hepatitis or other infectious transmitted by IV use - underlying medical condition requiring prescribed injected medications (such as diabetes) - follow-through in the donation process such ability to keep appointments - impact of non-prescribed drug use on overall physical health or presence of secondary health issues caused by this drug use RCDAD RISK ↻ <i>NOTE: Inform CM & proceed with request</i> if medically suitable TU for 5 years if <u>currently</u> using non-prescribed self-injected drugs; consult medical staff as needed ↻ Refer also to A00328, <i>Assessment of Non-Medical Factors Affecting Donor Suitability</i> ↻ See also <i>Drug Use – Non-prescribed Medications</i>	Combined Safety
Sexual Reassignment Surgery	Transitioning to a different gender through surgical alteration of the body	NO	Donor is to be entered in database as sex assigned at birth.	
Sexually Transmitted Disease (STD)	Infectious disease transmitted through sexual contact; examples include syphilis, gonorrhea, genital warts, herpes, HPV, Chlamydia, Candida, HIV and hepatitis	YES Q #36 Q #39 Q #40 Q #41	Accept if current diagnosis/treatment or history of herpes, genital warts, Chlamydia, or Candida ↻ See <i>Gonorrhea or HPV</i> ↻ RCDAD RISK <i>HIV, HTLV I/II, Hepatitis, or Syphilis</i>	Donor Safety
Shingles	↻ See <i>Herpes Zoster</i>			

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Sickle Cell Anemia Sickle Cell Trait	Inherited condition characterized by sickle (crescent)-shaped red blood cells and chronic anemia caused by excessive destruction of red blood cells <i>Anemia:</i> has two genes for the disease - one from each parent; usually shows some symptoms after age 4 mos age; ranges from mild symptoms to severe <i>Trait:</i> has one gene for the disease; does not develop disease; usually has no symptoms; affects about 1 in 12 African Americans	NO	Accept if has sickle cell trait → Inform CM of sickle cell trait and marrow-only & proceed with request ; sickle cell trait is PBSC protocol exclusion Defer if has sickle cell anemia or has other abnormal hemoglobin disease	Combined Safety
Sjogren's Syndrome	Disorder characterized by excessive dryness of eyes, mouth, and other mucous membranes; considered autoimmune	NO	Defer	Combined Safety
Skin Piercing	↻ See <i>Piercing</i>			
Sleep Apnea	Group of serious sleep disorders in which breathing repeatedly stops long enough during sleep to decrease oxygen and increase carbon dioxide; treatment can range from surgery, weight loss, or use of continuous positive airway pressure (CPAP) device that delivers pressurized air through nose to keep airway open; BiPAP is a machine that delivers CPAP but also senses when an inspiratory effort is being made and delivers a higher pressure during inspiration	NO	Accept for both PBSC / marrow if history of condition and successfully treated (for example, by weight loss or surgery) Accept as PBSC-only if (↻ See <i>NOTE.</i>) - diagnosed with this condition by MD (not "self-diagnosed") and/or - requires C-PAP or BiPAP or a dental device and/or - diagnosed but chooses not to comply with prescribed treatment ↻ NOTE: Inform CM of PBSC-only & proceed with request	Donor Safety
Smallpox (Variola)	Highly contagious and deadly disease caused by the smallpox virus; exists only in people; prevented with live vaccine using vaccinia virus	NO	Accept if fully recovered RCDAD RISK ↻ See <i>Vaccine - Routine or Travel</i> if received smallpox vaccine ≤8 weeks from proposed collection date or planning to receive vaccine [IMPORTANT: Smallpox itself is not defined as RCDAD; however, the live vaccine used to prevent smallpox is made with the vaccinia virus which is defined as RCDAD.]	Combined Safety
Spina Bifida	Condition when bones of the spine (vertebrae) do not form normally in utero; can vary in severity	NO	Evaluate as PBSC-only if diagnosed with spina bifida occulta → Inform CM of PBSC-only and proceed with request if medically suitable Defer if diagnosed with any other type of spina bifida	Donor Safety
Spinal Meningitis	↻ See <i>Meningitis</i>			
Spinal Problems	↻ See <i>Back/Neck Problems</i>			
Spleen / Splenectomy	Surgical removal of spleen required either by disease or injury; receipt of filgrastim can cause enlargement of the spleen	NO	Accept if spleen was removed <u>due to injury</u> and fully recovered Evaluate with medical staff as possible marrow-only if; status as appropriate (See <i>NOTE.</i>) - any surgery involving the spleen <u>due to disease</u> and fully recovered - any history of enlarged spleen ↻ NOTE: Inform CM if marrow-only & proceed with request	Donor Safety
Stroke	Blockage or rupture in arteries to brain resulting in death of brain tissue; also called Cerebrovascular Accident (CVA); may leave residual disability depending on location of rupture; can be caused by injury or underlying vascular disease	NO	Defer ↻ See <i>Transient Ischemic Attack (TIA)</i> , if applicable	Donor Safety
Subdural Hematoma	Serious medical condition when blood gathers within the outer protective covering of brain; usually as a result of trauma ↻ See <i>Brain Bleed / Injury</i>	NO		
Surgery	Invasive procedures with the purpose to either treat or diagnose a disease	NO	Evaluate (and status as appropriate) - underlying medical condition requiring surgery - recovery status ↻ See <i>Hospitalization</i> , if applicable, or specific condition that required surgery, if listed	Combined Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Syncope	↻See <i>Fainting</i>			
Syphilis	Sexually transmitted disease caused by a bacteria (<i>Treponema pallidum</i>); curable if treated in early stages	YES Q #41	Accept if (↻See <i>NOTE</i> .) - successfully treated or currently receiving treatment - reports any past positive screening test results RCDAD RISK → <i>NOTE</i> : Inform CM of above & proceed with request	Combined Safety
Tachycardia	↻See <i>Heart Disease – Arrhythmia</i>			
Tattoos	Method of injecting colored ink under the skin to create designs; can be high risk of infectious disease exposure if shared/nonsterile needles or ink are involved	YES Q #43	Accept if - received tattoo >12 mos - permanent make-up application performed in physician's clinic Evaluate for signs/symptoms of possible infection if received tattoo ≤12 mos (↻See <i>NOTE</i> .) RCDAD RISK → <i>NOTE</i> : Inform CM & proceed with request if medically suitable	Recipient Safety
Temporal Arteritis	Inflammatory condition affecting the medium-sized blood vessels that supply the head, eyes, and optic nerves; also called Giant Cell Arteritis	NO	Defer	Donor Safety
Tendon Replacement	↻See <i>Transplant Recipient</i>			
Tendonitis/Bursitis	<i>Tendonitis</i> : inflammation of the tendon which attach muscles to the bone; usually caused by overuse <i>Bursitis</i> : inflammation of the bursa which are located at points where muscles and tendons glide over bones	NO	Accept if stable and well-controlled with occasional flare-ups that can be controlled with OTC pain meds Evaluate if currently experiencing moderate or severe symptoms or inflammation is located in an area that might affect marrow or PBSC collections; status as appropriate	Donor Safety
Thalassemia Intermedia / Major (Alpha or Beta)	Hereditary form of severe anemia, often requiring blood transfusions; also called beta thalassemia major, Cooley's anemia, or alpha thalassemia major	NO	Defer	Combined Safety
Thalassemia Minor / Trait (Alpha or Beta)	<i>Minor</i> : hereditary anemia but the lack of alpha protein is not usually great enough to cause symptomatic anemia <i>Trait</i> : carrier of the genetic trait for thalassemia; usually experiences no health problems other than a possible mild anemia Also called alpha thalassemia minor or trait or beta thalassemia minor or trait	NO	Evaluate with medical staff status of anemia symptoms (SOB, lightheadedness, etc.) and laboratory values (Hct & Hgb); status as appropriate (↻See <i>NOTE</i> .) → <i>NOTE</i> : Inform CM of condition & proceed with request if medically suitable Consider the feasibility of autologous blood donation if requested for marrow donation.	Combined Safety
Thrombocytopenia (Low Platelets)	Deficiency of platelets (thrombocytes); multiple causes such as failed platelet production, spleen dysfunction, increased platelet destruction or increased use or dilution of platelets; symptoms include petechiae (blood blisters), bleeding problems, and scattered bruising; receipt of filgrastim and apheresis collection can reduce platelet production/count	NO	Evaluate as marrow-only with medical staff for underlying condition or medication causing mild thrombocytopenia (defined as platelet count of 130-149 x 10⁹); status as appropriate → Inform CM of marrow-only & proceed with request if medically suitable; baseline platelet count of <150 x 10⁹ is PBSC protocol exclusion Defer both marrow/PBSC if severe current/chronic thrombocytopenia (platelet count <130 x 10⁹) ↻See <i>Idiopathic Thrombocytopenia Purpura</i> , if applicable	Combined Safety
Thrombocytosis / Essential Thrombocytosis	Increased number of thrombocytes (platelets) in the blood, without a known cause	NO	Defer	Combined Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Thyroid Disorders <i>Hyperthyroidism</i>	Thyroid gland produces too much thyroid hormone; symptoms may include goiter, tachycardia, tremors, bulging eyes, nervousness, increased appetite, and weight loss; can be caused by many conditions including Graves disease, non-cancerous growths, tumors of the testes or ovaries, and inflammation due to viral infection	NO	AT HR/CT: Accept if successfully treated and >12 mos from diagnosis, including history of treatment with radioactive iodine (See <i>NOTE</i> .) TU for 12 mos from new diagnosis AT WORKUP: Accept if successfully treated and >12 mos from diagnosis, including history of treatment with radioactive iodine (See <i>NOTE</i> .) Evaluate as marrow-only if ≤12 mos from diagnosis, status as appropriate →NOTE: Inform CM if condition is autoimmune in nature, if treated with radioactive iodine, or marrow-only & proceed with request ↻See Graves' Disease , if applicable	Combined Safety
Thyroid Disorders <i>Hypothyroidism</i>	Thyroid gland fails to produce enough thyroid hormone; symptoms may include hoarse voice, cold intolerance, drooping eyelids, weight gain, forgetfulness, and depression; can be caused by many condition including Hashimoto's thyroiditis, congenital birth defects, surgical removal of the gland, or inflammatory conditions.	NO	Accept if successfully treated and >6 mos from diagnosis (See definition of <i>successfully treated</i>) Evaluate as marrow-only if ≤6 mos from diagnosis, status as appropriate → Inform CM if condition is autoimmune in nature or marrow-only & proceed with request ↻See Hashimoto's Thyroiditis , if applicable	Combined Safety
Tissue Recipient	↻ See Transplant Recipient			
Tourette Syndrome	Neurological disorder defined by multiple motor and vocal tics	NO	Evaluate impact of tic movement on donation process; status as appropriate	Donor Safety
Toxoplasmosis	Infection caused by a parasite (<i>Toxoplasma gondii</i>), present worldwide; infects people and animals	NO	Accept if successfully treated Evaluate if <12 mos from diagnosis; status as appropriate Defer if chronic infection	Combined Safety
Transient Ischemic Attacks (TIAs)	Type of stroke that usually lasts only a few minutes; considered to be "mini-strokes"; increases risk of acute stroke	NO	Defer ↻See Stroke , if appropriate	Donor Safety
Transplant Recipient	Recipient of donated - human organs such as heart, lungs, liver, kidney, pancreas, or small bowel OR - human tissues such as marrow/stem cells, bone (including bone products used in dental procedures), skin, connective tissues, heart valves, saphaneous veins, dura mater, or corneas OR - animal organs/tissues (xenotransplant) used for treatment of various medical diseases or injuries; defined by FDA as the transplantation, implantation, or infusion into a human of either: (1) live cells, tissues, or organs from a nonhuman animal source or (2) human body fluids, cells, tissues, or organs that have had ex vivo contact with live nonhuman animal cells, tissue or organs NOTE: Xenotransplant <u>does not</u> include "processed" tissues with no live cells such as those used in dental procedures or injections to treat osteoarthritis in the knee. It does not include NONLIVING animal products such as pig heart valves or pig insulin.	YES Q #42	Evaluate underlying medical condition requiring tissue transplant; status as appropriate Accept if - >12 mos from human tissue transplant (other than saphenous vein, dura mater, or marrow/stem cells) – if underlying medical condition requiring transplant is acceptable Evaluate if (and status as appropriate) (↻See NOTE.) - ≤12 mos from human tissue transplant (except recipient of saphenous vein, dura mater, or marrow/stem cells) - RCDAD RISK recipient of xenotransplant tissue or cells →NOTE: Inform CM & proceed with request if medically suitable Defer if recipient of human organs, saphenous vein, marrow/stem cells, dura mater, human heart valve, or xenotransplant organ including porcine (pig) or bovine (cow) heart valves ↻See Xenotransplant Recipient - Intimate Partner or Household Member , if appropriate	Combined Safety
Travel/Residence Iraq	↻ See Leishmaniasis			

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Travel/Residence <i>Malaria Endemic Area</i>	Travel or residence for specific timeframes in areas that are known to have malaria (endemic) as defined by CDC; increases possible exposure to malaria infection (<u>with or without antimalarial medication</u>); could be transmitted through blood and stem cell transplantation; refer to CDC website to identify if locations have high malarial risk	NO	Accept if (→ See NOTE.) - lived* in malaria endemic area in the past 3 yrs - traveled** in malaria endemic area in the past 12 mos *Lived in defined as ≥12 mos cumulative residence in a malarial area(s) **Traveled in defined as <12 mos cumulative presence in a malarial area(s) → NOTE: Inform CM & proceed with request ☞ See HIV-1 group O, if travel/residence included locations in Africa	Recipient Safety
Travel/Residence <i>UK and Europe</i>	Travel or residence for specific timeframes in United Kingdom or Europe since 1980; considered increased risk for new variant Creutzfeldt-Jakob Disease (vCJD) from possible exposure to infected meat	YES Q #58 Q #59	RCDAD RISK → Inform CM & proceed with request if travel/residence during specified time frames in UK or Europe as defined in <i>Rationale and Action Guide</i>	Recipient Safety
Tremors, Essential	Non-life threatening nerve disorder with "tremors" in different parts or sides of the body. Areas affected often include hands, arms, head, larynx, tongue, and chin	NO	Evaluate location and significance of tremors for possible impact on PBSC for ability to hold arm/hands still sufficiently or marrow intubation if tremors occur in larynx or tongue → NOTE: Inform CM if suitable for marrow-only or PBSC-only depending on outcome of assessment & proceed with request	Donor Safety
Trigeminal Neuralgia	Disorder of the fifth cranial (trigeminal) nerve causing episodes of intense pain in the areas of the face	NO	Accept if successfully treated (such as with surgery) and not requiring pain medication	Donor Safety
Tuberculosis	Infectious disease caused by bacteria (<i>Mycobacterium tuberculosis</i>); usually affects the lungs	NO	Accept if - history of positive Mantoux (PPD) test <u>and</u> negative chest x-ray - TB exposure and successfully treated - history of latent TB Evaluate if (and status as appropriate) - history of <12 mos since positive Mantoux without any further testing - exposure and <12 mos from treatment without signs/symptoms of TB TU for 2 yrs from diagnosis if had active disease in past 2 yrs or has disease but is not treated or treatment is in progress	Combined Safety
Tumor	Abnormal growth of cells; classified in 2 types (benign and malignant); both can be life-threatening depending on type and location of tumor <i>Benign:</i> non-cancerous tumor which does not invade other cells or spread to other parts of the body <i>Malignant:</i> cancerous tumor which has the ability to invade surrounding tissue or other parts of the body	NO	Accept if benign tumor If pertains to any benign brain tumor listed below, refer to specific category for further assessment guidance. ☞ See <i>Cancer</i> , if cancerous/malignant ☞ See <i>Acoustic Neuroma, Pituitary Adenoma, Polyps, and Prolactinoma</i> , if appropriate	Combined Safety
Turner's Syndrome	Genetic disorder in females who have only one X chromosome; marked by dwarfism, heart abnormalities and underdeveloped sex organs	NO	Defer	Donor Safety
Ulcer <i>Skin</i>	Skin damage resulting from a lack of blood flow due to pressure; also called pressure sores or decubitus ulcers	NO	Accept if successfully treated	Donor Safety
Ulcers <i>Peptic</i>	Erosion of stomach lining or duodenum also called gastric or duodenal ulcer	NO	Accept if successfully treated	Donor Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Ulcerative Colitis	Chronic disease when large intestine becomes inflamed, leading to flare-ups of bloody diarrhea, abdominal cramps, and fever; possibly autoimmune in nature	NO	<p>Accept as marrow-only if symptom free and not on medication for >12 mos (→See NOTE.)</p> <p>Evaluate as marrow-only (status as appropriate) if (→See NOTE.)</p> <ul style="list-style-type: none"> - on medication and no symptoms in past 12 mos - history of an episode in past 12 mos - removal of a section of the colon/intestine (partial colectomy) <p>→NOTE: Inform CM of marrow-only & proceed with request if medically suitable</p> <p>TU for 12 mos from last episode if >1 episode in past 12 mos</p> <p>Defer if</p> <ul style="list-style-type: none"> - history of recurrent or poorly controlled disease (such as ongoing symptoms, treatment or medication) - surgical removal of full colon/intestine (full colectomy) 	Donor Safety
Urticaria / Angioedema	<p><i>Urticaria</i> (also called hives): outbreak of welts on skin that appear suddenly; result of allergies or for other reasons; causes itching, burning or stinging; can last for hours or days</p> <p><i>Angioedema</i>: similar to hives, but swelling occurs beneath skin; deep swelling around eyes and lips and sometimes genitals, hands, and feet; lasts longer than hives, but swelling usually resolves < 24 hrs</p>	NO	<p>Evaluate urticaria with medical staff underlying cause, length, and significance of symptoms</p> <p>Defer if history of angioedema</p>	Donor Safety
Uveitis	→See Eye Disease			
Vaccine Exposure to Infection (Rabies / hepatitis)	Vaccinations given to prevent disease following exposure to infections such as hepatitis or rabies	YES Q #46	<p>Evaluate if (and status as appropriate) (→See NOTE.)</p> <ul style="list-style-type: none"> - RCDAD RISK ≤12 mos received HBIG for exposure to known risk for hepatitis - < 12 mos received rabies vaccine for exposure <p>→NOTE: Inform CM & proceed with request if medically suitable</p>	Recipient Safety

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
<p>Vaccine <i>Routine or Travel</i></p>	<p>Medications made using different methods and given to prevent various infectious diseases</p> <p>Attenuated/Live – made from live virus, toxin, bacteria, or rickettsia weakened through chemical/physical processes to produce an immune response without causing the severe effects of the disease</p> <p>Inactive - made from viruses or bacteria that have been killed through physical/chemical processes</p> <p>Polysaccharide - composed of long chains of sugar molecules and resembles the surface of certain types of bacteria</p> <p>Recombinant - created by utilizing bacteria or yeast to produce large quantities of a single viral or bacterial protein which is then purified</p>	<p>YES Q #28 Q #29</p>	<p>Accept if</p> <ul style="list-style-type: none"> - immunized with <i>inactive, polysaccharide or recombinant</i> vaccines if symptom-free and afebrile; includes anthrax, cholera, diphtheria, hepatitis A, hepatitis B, HPV (Gardisal), trivalent inactivated influenza vaccine (TIV) (given IM), meningococcal disease, paratyphoid, pertussis (whooping cough), plague, rabies, Rocky Mountain spotted fever, Salk polio (injection), tetanus, typhoid, and typhus. Includes Td/Tdap (tetanus, diphtheria, pertussis). - immunized with <i>attenuated</i> (live) virus vaccines such as rubeola (measles), mumps, polio (oral) or yellow fever, rubella (German measles), MMR (measles, mumps, and rubella), live attenuated influenza vaccine (LAIV) such as FluMist® (given intranasally), varicella (chickenpox) and herpes zoster (shingles) <p>ATTENTION: If donor received any of the following attenuated (live) vaccines, stem cell collection <i>should not</i> be performed within</p> <ul style="list-style-type: none"> - 7 days of receiving live attenuated influenza vaccine (LAIV) such as FluMist® (given intranasally) for seasonal flu or H1N1 flu - 2 weeks of receiving rubeola (measles), mumps, polio (oral) or yellow fever - 4 weeks of receiving rubella (German measles), MMR (measles, mumps, and rubella), varicella (chickenpox) and herpes zoster (shingles) <p>Evaluate with medical staff if (and status as appropriate) ≤8 wks from smallpox vaccination date or from onset of smallpox vaccination complications such as a rash (→See NOTE.)</p> <p>RCDAD RISK →NOTE: Inform CM & proceed with request as directed by medical staff if medically suitable</p> <p>☞See Vaccine - Exposure to Infection (Rabies or hepatitis) or Medication, if applicable</p>	<p>Recipient Safety</p>
<p>Valley Fever</p>	<p>Soil-borne fungal infection common in the southwest areas of the U.S.</p>	<p>NO</p>	<p>Accept if fully recovered Defer if chronic or disseminated infection</p>	<p>Donor Safety</p>
<p>Varicose Veins</p>	<p>Twisted, widened veins caused by swollen or enlarged blood vessels due to weakening in the vein's wall or valves</p>	<p>NO</p>	<p>Accept</p>	
<p>Vasculitis</p>	<p>Inflammation of the blood vessels (vasculitis); commonly occurs in disorders that affect connective tissue; not a disease but rather a disease process</p>	<p>NO</p>	<p>Defer</p>	<p>Donor Safety</p>
<p>Vasovagal Syncope</p>	<p>☞See <i>Fainting</i></p>			
<p>Vertigo</p>	<p>False sensation that one's self or the surroundings are moving or spinning, usually accompanied by nausea and loss of balance; can have many underlying reasons</p>	<p>NO</p>	<p>Evaluate underlying condition, if known; status as appropriate</p>	<p>Donor Safety</p>
<p>Vitamin B12 Deficiency</p>	<p>Occurs when the body is unable to properly use vitamin B12; can have multiple causes; also called pernicious anemia</p>	<p>NO</p>	<p>Accept if successfully treated (stable hemoglobin and hematocrit)</p>	<p>Donor Safety</p>
<p>Vitiligo</p>	<p>Skin disorder manifested by smooth white spots on various parts of the body; thought to be autoimmune in nature</p>	<p>NO</p>	<p>Accept as marrow-only if well-controlled →Inform CM of marrow-only & proceed with request</p>	<p>Donor Safety</p>
<p>von Willebrand's Disease</p>	<p>Hereditary deficiency or abnormality of the von Willebrand factor in the blood, a protein that affects platelet function</p>	<p>NO</p>	<p>Defer</p>	<p>Combined Safety</p>
<p>Weight Loss Surgery</p>	<p>Surgery by-passing the stomach or placement of constricting bands around entrance to stomach; also known as gastric by-pass, stomach stapling, lap banding</p>	<p>NO</p>	<p>Evaluate current health status for complications such as anemia or nutritional problems; status as appropriate ☞See Surgery or Weight - Obesity, if applicable</p>	<p>Donor Safety</p>

Assessment Tool At HR / CT / WU

Name	Description	RCDAD Risk?	Assessment / Action	Suitability Rationale
Weight, Low	Body weight lower than standard weight range for person's height; many causes ranging from anorexia or bulimia or hyperactivity	NO	<p>Evaluate if concerns for inadequate access or cell collection; status as appropriate</p> <p>Accept if minimally below normal weight</p> <p>Defer if extremely low weight to point of concern for malnutrition or anorexia/bulimia</p> <p>☞Refer to A00328, <i>Assessing Non-Medical Factors Affecting Donor Suitability</i></p>	Donor Safety
Weight, Obesity	Body weight higher than standard weight range for person's height; can develop many secondary weight-related health issues such as hypertension, heart disease, and diabetes	NO	<p>☞Refer to A00338, <i>NMDP Donor Height & Weight Guidelines at Search</i></p> <p><i>If donor weighs between the maximum weight at recruitment and maximum weight at search:</i></p> <p>Evaluate for any weight-related health issues such as hypertension, heart disease, diabetes, joint pain, respiratory function, etc. In addition, venous access, mobility, and overall body shape (weight distribution) should be taken into consideration; status as appropriate</p> <p>Defer if over maximum weight listed for height</p> <p>☞See <i>Growth Hormone Treatment</i> if using HCG injections for weight loss</p>	Donor Safety
West Nile virus	Infection caused by flavivirus; can infect humans and other mammals; causes fever, headache, tiredness, aches and sometimes rash; can be as short as a few days or for several weeks; most severe cases affect nervous system	YES Q #26 Q #27	<p>Evaluate with medical staff if (and status as appropriate) (☞ See NOTE.)</p> <ul style="list-style-type: none"> - ≤120 days from date of diagnosis or onset of symptoms, whichever is the later date - history of infection with residual impairment <p>RCDAD RISK ☞NOTE: Inform CM & proceed with request if medically suitable</p>	Combined Safety
Wolff-Parkinson-White Syndrome	☞See <i>Heart Disease</i>			
Xenotransplant Intimate Partner or Household Member	Intimate partner or household member of person who received xenotransplant of animal organs/tissues (xenotransplant) used for treatment of various medical diseases or injuries; defined by FDA as the transplantation, implantation, or infusion into a human of either: (1) live cells, tissues, or organs from a nonhuman animal source or (2) human body fluids, cells, tissues, or organs that have had ex vivo contact with live nonhuman animal cells, tissue or organs <i>NOTE: Xenotransplant does not include "processed" tissues with no live cells such as those used in dental procedures or injections to treat osteoarthritis in the knee. It does not include NONLIVING animal products such as pig heart valves or pig insulin.</i>	YES Q #42	<p>Accept if (☞ See NOTE.)</p> <ul style="list-style-type: none"> - ever history of intimate contact with xenotransplant recipient - ever household member of recipient of xenotransplant who reports exposure to recipient's blood/body fluids while living with recipient <p>RCDAD RISK ☞NOTE: Inform CM & proceed with request (CM does <u>not</u> need to be informed if recipient received with Epicel. This is not RCDAD risk.)</p>	Combined Safety

Disclaimer:
 This Assessment Tool provides information of a general, guidance nature and does not and is not intended to provide medical advice, be used for medical diagnosis or treatment, or create a physician-patient relationship involving the NMDP. The NMDP has taken reasonable measures to ensure that the information presented in this Assessment Tool is accurate and current. However, the NMDP makes no express or implied warranty regarding such information and hereby expressly disclaims all legal liability and responsibility for the accuracy, currency, completeness, or usefulness of any information contained in this Assessment Tool. The information contained in this Assessment Tool is not a substitute for the medical judgment, evaluation, or advice of a qualified health care provider.