Assessment Tool

NMDP Disclaimer

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Purpose

To provide guidance in determining medical suitability and identify risks for relevant communicable disease agents and diseases (RCDAD) of potential matching unrelated donors at the high resolution (HR), confirmatory typing (CT), and workup (WU) stages based on listed medical conditions. Information may also be valuable in assessing related donors on a case-by-case basis. It can also be used to determine if someone is able to join the registry or updating their health information. See the table on page 2 about medical assessment to join the registry or remain on the registry.

Overview

The Assessment Tool ("Tool") does not encompass all potential diseases that might affect a donor or recipient. Consult applicable medical staff if a potential donor reports an illness or condition that is not on this list.

Instructions provided are recommended guidelines. Careful medical evaluation of a potential donor's specific situation and medical status may result in a different assessment (see Disclaimer). In addition, with careful medical evaluation for some conditions, the volunteer may be considered for peripheral blood stem cells (PBSC) only or marrow only if donation of that one product does not increase medical risk to the donor and the transplant center (TC) agrees and accepts the one product condition. Examples of conditions that might be considered for PBSC only are sleep apnea or recent neck/back/hip issues with significant pain or limitations. Examples of conditions that might be considered for marrow only are current treatment with lithium or sickle cell trait. Along with medical diseases, this Tool lists categories relating to RCDADs as defined in the Food and Drug Administration's (FDA) Good Tissue Practices.

The Tool serves as a companion to AID-00049, *Rationale and Action Guide at HR/CT/WU*, which provides guidance based on responses to questions on FRM-00050, *Donor Health History Screening Questionnaire for Use at HR/CT/Workup*. The Tool provides guidance based on a specific medical condition that may be identified during the assessment process. At times, AID-00049, *Rationale and Action Guide at HR/CT/WU* may direct the reader to the applicable medical condition in the Tool. The reader is also directed to AID-00048, *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 can be found in the *Assessment Notebook at Search and Workup* on the 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 current condition that might have been cause for deferral at recruitment (if known) must now be more extensively evaluated. This is to assess it is safe for the donor to donate and that the product collected from the donor will likely be safe and potentially effective for the recipient. The actions described in this document incorporate this concept.

NOTE: Throughout this document, the use of the term "PBSC" is equivalent to "HPC, Apheresis" and "marrow" is equivalent to "HPC, Marrow."

The Tool is organized by columns:

Name: Name of a disease or condition
Description: General description of the disease/condition
RCDAD Risk: Yes or No; indicates whether a condition listed within this category is defined as a risk for a RCDAD within FRM-00050, *Donor Health History Screening Questionnaire for Use at HR/CT/Workup*
Assessment/Action: Provides directions to determine medical suitability (e.g., Defer if, Accept if, Temporarily Unavailable if, or Evaluate if) and whether 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 an RCDAD (e.g., tattoo or positive infectious disease markers [IDM]). The RCDAD risk graphic box contains the risk timeframe.

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Inform CM and proceed with request if: The instruction to *Inform CM and proceed with request if medically suitable* applies only following the instruction to *Evaluate* or if specifically indicated. To not delay the process, once CM has been notified, the donor center (DC) should proceed with the request and not wait for communication from CM. Unless noted, Accept or Defer do not require CM notification.

- If CM is informed, they will inform the TC.
- 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 medical staff) to determine whether the potential donor should be permanently deferred or temporarily unavailable (including duration).

Probing questions: Provides questions to gather additional information to assess donor.

Using the Tool to Assess Medical Suitability at Recruitment and for Health Updates

The Tool was created primarily for assessment of potential stem cell donors during search and workup stages. However, the information may be utilized to assess those wishing to join the NMDP Registry or who are updating their health information. The table provided below will assist staff in using the **Assessment/Action** column for medical conditions when evaluating a registrant wishing to join the registry or members who are updating their health information.

If the action listed in this tool is:	Then the registrant or member is:	Comments
Accept if	Able to join or remain on the registry	
Evaluate if	Able to join or remain on the registry	No additional evaluation is required to join or remain on the registry; includes: 1. Evaluate with medical staff 2. Evaluate with NMDP MD
Defer if	Unable to join or remain on the registry	
TU if	Unable to join or TU if current member	
Consult with medical staff	Unable to join or remain on the registry	Specifically, if listed in categories for the issue being assessed described below: 1. **Chagas** re: confirmed past positive test 2. **HIV, Symptoms** re: current listed infection symptoms 3. **HIV, Tests** re: repeat positive or past indeterminate HIV tests 4. **HTLV** re: past **i**ndeterminate HTLV tests

NOTE: To search for a particular medical condition within the document, use Ctrl+F. A search window will appear to type the word and perform a search of the Tool.

OTHER IMPORTANT CONSIDERATIONS

- A volunteer may join if medically suitable for one product.
- No notification of CM is required when assessing whether a person may join or remain on the registry.
- A risk for a communicable disease (example, recent tattoo) **does not** impact ability to join registry.
- The RCDAD column and the icons below do not apply at registration or updating a member's health status. RCDAD RISK

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Frequently Asked Questions: Filgrastim Similar(s) and Plerixafor

Why is the use of filgrastim and/or filgrastim similars for PBSC collection defined as research?

- PTC-00001, *PBSC Protocol* describes a process for the collection and evaluation of mobilized PBSC from unrelated volunteer donors as an alternative to bone marrow.
- Filgrastim and/or filgrastim similars are a manufactured form of granulocyte colony-stimulating factor (G-CSF), which is a substance naturally produced by the body to increase the white blood cell (WBC) count.
- Filgrastim and/or filgrastim similars work by stimulating the growth and release of neutrophils (granulocytes) within the bone marrow. Neutrophils are a type of white blood cell and are important in the body's fight against infection. White blood cells are one of three main types of blood cells, along with red blood cells and platelets.
- Filgrastim has been used since 1991 for patients receiving treatment for certain medical conditions, causing decreased production of their neutrophils (e.g., cancer patients). It is given daily over long periods to help in the production of these cells. It is also approved for use for patients preparing for autologous stem cell transplant for collecting their own blood stem cells. In addition, it is widely used for sibling or related PBSC donors.
- Although there has been extensive experience with filgrastim and/or filgrastim similars in these other settings, the package inserts for filgrastim and/or filgrastim similars does not list its use for unrelated stem cell donors as one of its indications.
- NMDP wanted to evaluate whether the use of filgrastim-mobilized PBSC would be an acceptable alternative to bone marrow in a systematic and rigorous manner. It was determined to be best performed as research under an Investigational New Drug (IND) application through the U.S. Food and Drug Administration (FDA). This provided for scientific evaluation not only of the effectiveness of filgrastim-mobilized PBSC in transplantation but also the use of filgrastim in unrelated volunteers.
- Filgrastim-mobilized PBSC from unrelated volunteer donors began in 1999. To date, over 64,000 PBSC transplants have occurred through NMDP. Detailed data is maintained on the product itself as well as the donor and the recipient. Consent documents for the donor are updated to reflect any potential risks identified to ensure the volunteer can make an informed decision to participate as a PBSC donor.

Pregnancy Recommendation for Filgrastim Similar(s)

- Female donors wishing to become pregnant should consult with their personal physician before becoming pregnant. While there are no adequate or well-controlled studies in pregnant females, waiting to become pregnant until the next menstrual cycle after the last dose of filgrastim and/or filgrastim similars seems prudent.
- Similarly, in the absence of clinical data, male donors should wait 48 hours following the last dose of filgrastim and/or filgrastim similars to conceive a child.

Breastfeeding Recommendation for Filgrastim Similar(s)

It is not known whether filgrastim and/or filgrastim similars is excreted in human milk. Many drugs are excreted in human milk, so caution should be exercised if filgrastim and/or filgrastim similars are administered to a nursing female. Filgrastim and/or filgrastim similars are excreted in approximately 24 hours; it may be prudent to wait to resume breastfeeding for two days after the last dose of filgrastim and/or filgrastim similars.

Cancer Experience to Date Post-PBSC Donation (Neupogen®)

The carcinogenic potential of Neupogen has not been studied. NMDP and other organizations have reported some cancers in multi-year follow-up evaluations for donors who have received Neupogen.

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Why is plerixafor used for donors?

- PTC-00001, *PBSC Protocol* describes a process for using plerixafor in addition to filgrastim similar(s).
- Plerixafor has been used to increase mobilization efficacy in healthy volunteer sibling donors as well as patients undergoing autologous stem cell collection.
- The most common adverse events related to plerixafor were gastrointestinal disorders and injection site reactions. Any donors with underlying conditions causing cramping or abdominal discomfort (e.g., irritable bowel syndrome, celiac, etc.) should be appropriately counseled to ensure they are aware of potential temporary worsening of baseline gastrointestinal symptoms.
- Plerixafor is a small molecule that helps release blood stem cells into the peripheral blood when filgrastim similar(s) alone do not release an optimal amount for a patient's transplant.
- A systematic review of the literature referenced within PTC-00001, *PBSC Protocol* also shows that the addition of plerixafor to filgrastim similar(s) leads to an increased hematopoietic stem cell collection and increased CD34+ cells in a shorter period of time with no increase in adverse events.

References

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

Mayo Clinic
http://www.mayoclinic.org/

Merck Manual of Medical Information
http://www.merckmanuals.com/home

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/

Prescribers Digital Reference (PDR)
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

Abbreviations and Definitions

ADLs: Activities of daily living (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 human immunodeficiency virus (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 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; see also the 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 donor (DD); the donor's information is no longer displayed to TCs from that point forward.
Donor safety: The donation process (general anesthesia, filgrastim and/or filgrastim similars, 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.

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Fully recovered: Condition is resolved; donor is released from physician's care and no longer requires ongoing medical care.
Inform CM and proceed with request: Inform CM in a timely manner about the health history condition with written documentation (via email). Provide information such as date of incident or diagnosis as guided in the Tool or other resource document. Proceed with applicable activity (e.g., schedule sample draw or information session). Do not wait for any response from CM.
IV: Intravenous, administration through a vein.
Lived with: See close contact.
Medical staff: Donor center, apheresis center, collection center physician, nurse practitioner (NP), physician assistant (PA), registered nurse (RN), medical technologist (MT), and/or designees or doctor of osteopathy (DO), NMDP physician, or RNs.
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."
Medical treatment: Developed by health care provider to resolve a medical condition and may include rest, medications, surgery, physical therapy, lab testing, ongoing monitoring of symptoms, specific diets, etc.
OTC: Over the counter
PT: Physical therapy
PPE: Personal protective equipment
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.).
Relevant Communicable Disease Agents and Diseases (RCDADs): Defined by Good Tissue Practices (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 Chagas, Creutzfeldt-Jakob disease (CJD), HIV-1/2, hepatitis B, hepatitis C, human T-lymphotropic virus (HTLV) I/II, sepsis, syphilis, vaccinia virus, variant CJD, and West Nile virus.
Risk: Evidence of or risk for exposure to an RCDAD or xenotransplant
Sexual contact: Describes the following activities regardless of whether a condom or other protection was used: anal sex (contact between penis and anus); oral sex (contact between mouth or tongue and vagina, penis, or anus); vaginal sex (contact between penis and vagina); applies to *have sexual contact with* and *sex*.
Stable: Minimal fluctuation in condition (e.g., blood pressure, mental health symptoms, blood sugar, etc.)
Status as appropriate: Once evaluation for this condition is completed, continue donor assessment, or apply appropriate terminal outcome code (TU or DD).
Successfully treated: (See also *well-controlled*)

- Received medical treatment for the condition (e.g., surgery such as cardiac ablation or medications).
- No longer requires ongoing close medical care (timeframe depends on the medical condition).
- Acceptable to be on maintenance (ongoing or continuing) 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 NMDP Registry but human leukocyte antigen (HLA) typing information is not available to be searched by TCs during the unavailable timeframe.
Well-controlled: Condition is being maintained (stable) with minimal changes in medication, dosage, or treatment; does not require frequent medical intervention.
>: Greater than
≥: Greater than or equal to
<: Less than
≤: Less than or equal to

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Medical Assessment of Mononuclear Cells, Apheresis (MNC, Apheresis)

This document is designed primarily for the medical assessment of potential PBSC or marrow donors. It takes into consideration the risks associated with those procedures. In general, most conditions that would defer for either PBSC or marrow would also defer for Mononuclear Cells, Apheresis. Assessment for MNC(A) should take the following into consideration:

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

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

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Acid Reflux See Gastroesophageal Reflux Disease (GERD)				
Acoustic Neuroma	Noncancerous (benign) tumor that wraps around the auditory nerve	NO	**Accept if** successfully treated by surgery through the auditory canal **Evaluate if** being monitored with minimal symptoms **Defer if** treated by surgery through the skull and dura (brain tissue) or stereotactic radiosurgery such as gamma-knife radiosurgery or protein radiation.	**Evaluate:** • What symptoms is the donor experiencing? • Is the donor receiving any treatment? • Is there ongoing care or follow-up required?
Acupuncture	Eastern medicine treatment 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**	**Accept** **RCDAD RISK 12 months from exposure if nonsterile/shared needles were used** **Inform CM and proceed with request if** *nonsterile/shared* needles were used for acupuncture in the past 12 months	
Addison's Disease	Adrenal gland (located on kidney) deficiency or insufficiency; considered autoimmune	NO	**Defer**	
Adult Attention Deficit Disorder (ADD) and/or Attention Deficit Hyperactivity Disorder (ADHD)	Hyperactive conditions with symptoms of impulsiveness, inattentiveness, restlessness or fidgetiness and difficulty engaging in quiet activities	NO	**Accept if:** • Well-controlled with or without medication (such as Ritalin) • Able to proceed through the donation process (attend scheduled appointments, engage in conversation appropriately) See AID-00048, *Assessing Non-Medical Factors Affecting Donor Suitability*	
AIDS (Acquired Immunodeficiency Syndrome) See HIV, Risks See HIV, Symptoms See HIV, Tests				

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Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Allergies/ Anaphylactic Reaction	***Allergies*:** Hypersensitive immune responses to a normally harmless substance ***Anaphylactic Reaction*:** Sudden, widespread, potentially severe, and life-threatening allergic reaction; can be from exposure to anesthesia or other allergens such as latex, bee stings, food, or drugs.	NO	**Medications, food, latex, bee, or other allergies** **Accept if:** • Requires allergy shots to manage symptoms • Mild or localized response by eyes, nose, skin, or mild/temporary respiratory symptoms • Moderate to severe response but allergen is known and no issues if allergen is avoided **Evaluate:** • History of and treatment for severe (such as difficulty swallowing) or anaphylactic reactions (such as respiratory arrest/stopped breathing) and allergen is not known • Moderate to severe response that affects mouth, throat, airway swelling • Reports multiple serious allergies or serious reactions **If suitable to proceed, inform CM of allergies/reactions to the following and proceed with request:** • **Medications** • **Significant foods allergies (e.g., shellfish, peanuts)** • **Latex** • **Any allergen causing any airway-related symptoms of the mouth, throat, or facial swelling** See Asthma or Urticaria/Angioedema, if applicable	**Evaluate:** • What are you allergic to? • What are your symptoms or reactions? For example, is the response systemic (affects your whole body) or localized (affects only one or two parts of your body such as in your eyes, lungs, skin, etc.)? • What kind of treatment is required for your reaction(s)? • When was the last time you had a reaction? Significant Food Allergy Reactions • Airway related (e.g., mouth tingling or itching) • Rash/hives **NOT** Significant Food Allergy Reactions: • GI distress (e.g., nausea or diarrhea)
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 and treatment. • Autoimmune cause such as alopecia areata if NOT associated with another disorder such as lupus or lymphoma or other systemic condition(s) **Accept** for both marrow/PBSC **if** inherited condition such as non-scarring alopecia **Inform CM of diagnosis and/or if determined to be marrow-only and proceed with request**	**Evaluate:** • Is there a known cause for hair loss? • Have you been told this is autoimmune? • Any treatment required? If yes, what?
Alpha 1 anti-trypsin deficiency	Inherited disorder that may cause lung (emphysema) or liver disease (cirrhosis)	NO	**Accept** for PBSC-only if reports being carrier **Inform CM of carrier status and PBSC-only and proceed with request.** **Defer if** has disease	

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Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Alpha Gal Allergy	Recently identified type of food allergy to red meat. In US, most often begins when a Lone Star tick bite transmits a sugar molecule called alpha gal into the body	NO	**Accept for** PBSC/marrow if formally diagnosed and symptoms absent or well controlled with or without dietary modifications. **Inform CM of diagnosis due to potential for allergy transfer**	
Alport syndrome	Inherited disease that damages blood vessels in kidneys. Can lead to kidney disease or failure; can also cause hearing loss and eye problems.	NO	**Defer if** • Has diagnosis • First degree family member has diagnosis	
ALS (Amyotrophic Lateral Sclerosis)	Serious neurological disease; also called Lou Gehrig's Disease	NO	**Accept** for marrow/PBSC if family history **AND** donor has not been tested **OR** if donor is a carrier of the genetic mutation but is asymptomatic **Defer** if symptomatic or receiving treatment	
Alzheimer's	Degeneration of healthy brain tissue; causes dementia	NO	**Defer**	
Anaphylactic Reaction	See Allergies/Anaphylactic Reaction			
Angioedema	See Urticaria/Angioedema			
Anxiety, Generalized	See Mental Health Conditions			
Amyloidosis	Rare condition when amyloid proteins build up in organs	NO	**Defer**	
Anemia *Aplastic*	Decreased marrow production of white blood cells (WBCs), red blood cells (RBCs), and platelets; multiple causes	NO	**Accept if** drug or viral-induced disease and fully recovered **Defer if** inherited genetic disease or autoimmune in etiology	
Anemia *General*	Low number of red blood cells (RBCs) or the amount of hemoglobin (the protein that carries oxygen in them); multiple causes; iron deficiency is a common cause; 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 and current health See Anemia, Hemolytic, Anemia, Iron Deficiency, Thalassemia Minor/Trait, or Vitamin B12 deficiency if applicable	**Evaluate:** • Was a cause determined? • Any treatment needed? If yes, what? • Are there any records of recent lab work? • Do you follow up with a medical provider? • What is the donor's ethnicity? • Any symptoms affecting ADLs? • If requested, would the donor be willing to provide lab results and or medical records?
Anemia *Hemolytic*	Breakdown of red blood cells resulting in anemia; can be autoimmune or drug-induced	NO	**Defer**	

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Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Anemia *Iron Deficiency*	Common type of anemia; due to insufficient iron; seen often in females who are menstruating, characterized by low RBC indices (MCV, MCH, MCHC)	NO	**Accept if** mild anemia from iron deficiency (taking OTC iron replacement or refused as blood donor due to "low iron") **Consult with medical staff if** moderate anemia (under medical care and/or on prescription medication other than oral iron with mild symptoms **Inform CM if** PBSC-only and proceed with request**.** **Defer if** severe anemia (requiring ongoing monitoring and prescription medication [including ongoing IV iron infusions] to maintain hemoglobin or reports significant symptoms)	**Consult with medical staff:** • Any treatment needed, such as medications or supplements? If yes, what? • Are there any records of recent lab work? • Do you follow up with a medical provider? • Do symptoms affecting ADLs? • Do you follow a special diet? • Any history of anemia or needing iron replacement? • Any blood in your urine/stool? • Do you donate blood products? If yes, what, how often, and last donation? • **Female donors:** Do you have heavy menstruation? • If requested, would the donor be willing to provide lab results and or medical records?
Anemia, Pernicious	See Vitamin B12 Deficiency			
Anemia, Sickle Cell	See Sickle Cell Anemia			

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Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Anesthesia Reaction	Response or complication following administration of anesthesia. *General anesthesia* is the state produced when a patient receives medications for amnesia, analgesia, muscle paralysis, and sedation. An anesthetized patient can be thought of as being in a controlled, reversible state of unconsciousness. *Regional anesthesia* is the use of local anesthetics to block sensations of pain from a large area of the body, such as an arm, leg, or the abdomen. Regional anesthesia allows a procedure to be done on a region of the body without being unconscious. *Spinal and epidural blocks* are forms of anesthesia that temporarily interrupt sensation from the trunk (chest and abdomen) and legs by injection of local anesthetic medication in the vertebral canal, which contains the spinal cord and spinal nerves.	NO	**Evaluate** degree of anesthesia problem/reaction **Accept if** common reaction such as nausea or vomiting **Defer if** history of anaphylactic reaction or serious reactions such as severe hypotension/hypertension or respiratory arrest **Inform CM of reactions to medications and proceed with request** See Malignant Hyperthermia	**Evaluate:** **IN DONOR REQUESTED FOR MARROW** **Donor:** • What type of problems did you have? • Was it general or regional anesthesia? • Did you receive any treatment for the reaction? • Has this event occurred with every surgery? • Have you had anesthesia with no reaction/problem? **Blood Relative**: • How is this individual related to you? • What type of problems did they have? • Was it general or regional anesthesia? • What kind of treatment did they receive for the reaction? • Has this event occurred with every surgery?
Aneurysm	Bulge (dilation) in the wall of an artery; can occur in multiple locations throughout the body	NO	**Defer**	
Ankylosing Spondylitis	Inflammatory type of arthritis of the spine that results in fusing of the bones and pain; may be associated with HLA B27	NO	**Defer**	
Anorexia Nervosa	See Eating Disorder			
Anticardiolipin Syndrome	See Antiphospholipid 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 Can also be called **Anticardiolipin Syndrome** or **Lupus Anticoagulant** or **Beta 2 glycoprotein**	NO	**Defer** (even if no history of blood clots)	

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Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
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 ("positive" ANA)	NO	**Accept if** isolated positive ANA titer and no symptoms suggestive of autoimmune conditions (no joint, kidney, or other systemic involvement) **Defer if** associated with autoimmune condition	
Arachnoid Cysts	Fluid-filled sacs that occur on arachnoid membrane that covers the brain (intracranial) and the spinal cord (spinal). Most common locations for intracranial arachnoid cysts are the middle fossa (near the temporal lobe), the suprasellar region (near the third ventricle), and the posterior fossa, which contains the cerebellum, pons, and medulla oblongata. Arachnoid cysts are classified according to their specific location.	NO	**Accept if** asymptomatic Symptoms may include: • Headache • Seizures • Hydrocephalus • Hematoma	
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	**Defer if:** • Diagnosed with AVM located in brain, spinal cord, liver, or bowel (small/large intestine) • First degree family member with AVM and the donor has never been evaluated for AVM themselves	
Arthritis *Osteoarthritis*	Chronic disorder of joint cartilage and surrounding tissues characterized by pain, stiffness, and loss of function; previously called degenerative arthritis or degenerative joint disease (DJD); not an autoimmune condition	NO	**Evaluate** any involvement of the spine, neck, or hip **Accept if** mild case (defined as minimally affecting ADLs and/or on minimal medications) **Defer if** moderate to severe case (defined as restricting ADLs and/or significant back involvement) See Back/Neck/Spine Problems if applicable	**Evaluate:** • What symptoms do you have? • What is the intensity, frequency, location, pain level? • Describe current pain, joint stiffness. • Have you seen or do you see a specialist? • What treatment have you been prescribed? Has treatment improved symptoms? • Any effects to ADLs? • Do you have ongoing care for this condition?
Arthritis *Psoriatic*	Joint inflammation that occurs in some people who have psoriasis of the skin or nails; considered **autoimmune**	NO	**Defer**	

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Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Arthritis *Reactive*	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	**Accept if** fully recovered	
Arthritis *Rheumatoid*	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	**Accept** as marrow-only **if** history of juvenile (as child <18 years) onset rheumatoid arthritis which is now resolved with no current symptoms or treatment for ≥5 years **Inform CM of marrow-only and diagnosis and proceed with request if medically suitable** **Defer if** diagnosed with condition as an adult – whether exhibiting symptoms or not or requiring any treatment	
Arthritis Spondyloarthritis	Spondyloarthritis is a group of diseases characterized by inflammation in the spine ("spondylitis") and joints ("arthritis"). Types of Spondyloarthritis include: • Ankylosing spondylitis, Axialspondyloarthritis • Enteropathic Spondyloarthritis • Peripheral Spondyloarthritis • Reactive arthritis	NO	**Defer**	
Asbestosis/Asbestos Exposure	Exposure to mineral with separable, long, and thin fiber; can cause health problems if prolonged exposure	NO	**Accept if** describes exposure to asbestos but no lung symptoms **Defer if** lungs are affected	

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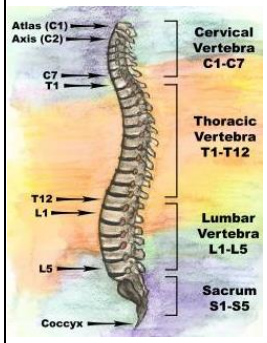
Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Asthma	Condition in which the airways narrow - usually reversibly - in response to certain stimuli; also called reactive airway disease	NO	**Accept** for PBSC/marrow **if**: • "Mild" asthma, including exercise-induced, with symptoms well-controlled 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 12 months **Evaluate:** • PBSC-only **if** ≥6 months to <12 months from the last severe attack requiring oral (pill) and/or IV steroids or emergency care • Recent viral or bacterial respiratory illness that has exacerbated asthma symptoms. **Inform CM if PBSC only and timeframe for PBSC only, if applicable** **Defer if:** • Poorly controlled disease • Dependent on oral (pill) steroids • Severe attack in the past 12 months (required hospitalization, long term oral steroids, etc.)	**Evaluate** • When were you diagnosed? • What are your symptoms? • How often do you have symptoms/attacks? • Do you have any triggers? • How do you treat your asthma? • How often do you need to use your inhaler or other medications? • Any recent dose changes to medications? • Is your asthma well-controlled? • Any recent attacks that required emergency care or treatment with oral/intravenous steroids? • If recently ill, are you recovered?
Autism/ Asperger Syndrome	***Autism****:* Spectrum of neuropsychiatric disorders characterized by deficits in social interaction and communication; range of deficit from high functioning to severe ***Asperger syndrome:*** 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	**Evaluate:** See AID-00048, *Assessing Non-Medical Factors Affecting Donor Suitability*
Avascular Necrosis (AVN)	Cellular death (necrosis) of bone due to interruption of blood supply; also called osteonecrosis, ischemic bone necrosis	NO	**Defer**	
Babesiosis	Infection caused by tick bite *(Babesia Microti)* parasite; attacks red blood cells; disease is malaria-like in nature	NO	**Defer if** ever diagnosed with or treated for disease	

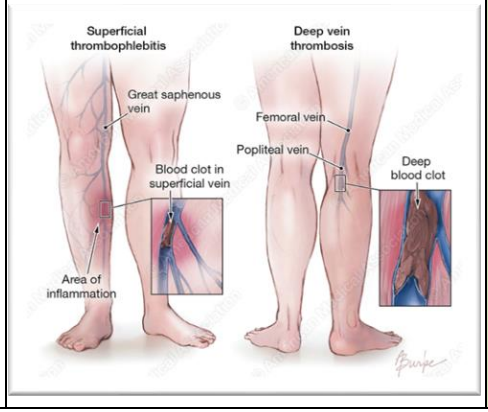
Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Back/Neck/Spine Problems  	Conditions which affect the neck or spine caused by either disease or injury; spine area is grouped into four sections according to location of vertebrae: cervical (neck), thoracic (middle back), lumbar (lower back), sacral (tailbone). ***Bulging Disk:*** Bulging of the disk between vertebrae. Can occur naturally from age-related wear and tear of the spine with use or may be related to an injury. ***Degenerative Disk Disease:*** General term applied to back pain lasting >3 months; 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 disk. ***Herniated Disk:*** 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. ***Fracture/Break:*** Fractures in the spine ranging from painful compression fractures from osteoporosis to more severe injuries such as burst fractures and fracture-dislocations following trauma. ***Sciatica:*** 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 disk, which puts pressure on the nerve. (continued on next page)	NO	**Each potential donor must be evaluated <u>case-by-case</u>; the summaries below are for general guidance.** **Evaluate** as either marrow/PBSC: • Back/neck/spine pain without specific diagnosis • Herniated/bulging/slipped disc in the back or neck • Any back surgery >5 years • Any back fracture >5 years • Scoliosis or kyphosis if no history of surgery or rods/pins have been removed if past surgery and fully recovered (surgery was <5 years) • Minimal pain, (1-2 out of 10) infrequent pain (1-2/week) • Rare use of medication or therapy such as PT or chiropractor **Evaluate as** PBSC-only **if**: **Inform CM of PBSC-only and proceed with request if medically suitable** • Disk fusion surgery in neck/lower back at any time or any other back/neck surgery/fracture <5 years • Diagnosis of or treatment for osteoporosis • History of scoliosis or kyphosis or other surgery with rods/pins still present in back or hip • Moderate pain, (3-4 out of 10) somewhat frequent pain (2-3 days/week) • Requires pain medication (primarily OTC but some prescription) daily or consistently • Intermittent use of therapy such a PT or chiropractor • Active sciatica or sciatica in past 6 months **Defer for both** PBSC and marrow **if:** • Chronic severe back or neck pain • Ongoing medical treatment • On medical disability for back issues • Presence of spinal cord stimulation system to manage pain, even if no pain is reported • Severe (>5 out of 10), consistent, and/or chronic pain (has had >3 months) • 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	**IMPORTANT:** Marrow collection is performed from the pelvic bone near the lower back/tailbone (lumbar/sacral) area. If there is already an injury or weakness in this area or in the neck or middle back area, there may be an increased risk for potential harm to the volunteer donor. Careful evaluation of any problems with the neck/spine/back is critical for donor safety and whether a potential donor might be suitable for both marrow and PBSC, PBSC only, TU, or deferred. **Evaluate both past and current pain location:** • Where is the concern located? **Intensity:** • What are the symptoms and when did they begin? • Any sciatica, numbness, tingling present? If yes, where? • Pain rating using the Mankoski pain scale • Frequency of pain (e.g., daily, weekly)? • Any triggers (e.g., sitting, activity)? **Evaluation:** • Any testing or medical assessment? If yes, what was completed? • Was a cause identified (e.g., injury, congenital)? **Treatment:** • What treats this? (e.g., medications, surgery, chiropractor/PT; how often?) (continued on next page)

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Back/Neck/Spine Problems (continued)	***Scoliosis:*** 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. ***Strain/Sprain:*** 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.			**Limitations:** • What is your current status? • Are you able to sit for several hours? • Any effects/restrictions to daily activity? If yes, please include details • Are you current receiving disability? • Do you have a physically demanding profession? **TU vs. Defer Considerations:** TU if recent but improving issue Defer if chronic issue with no improvement for some time and none expected
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 ≥3 months from diagnosis **Evaluate if** diagnosed <3 months See Gastroesophageal Reflux Disease (GERD), if applicable	**Evaluate:** • When was this condition diagnosed? • What evaluation and testing were completed? • Any treatment needed? If yes, explain. • Any follow-up with specialist? If so, when?
Behçet's Disease	Disease affecting various parts of the body with symptoms caused by underlying inflammation of the blood vessels	NO	**Defer**	
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	**Accept if** fully recovered and underlying disease is medically suitable	
Bipolar Disorder	See Mental Health Conditions			
Bite, Animal	Injury caused by animal; potential for exposure to infections such as rabies	NO	**Evaluate** health status if ≤12 months from bite or rabies exposure **Inform CM and proceed with request if medically suitable**; include whether donor required rabies vaccine for exposure in past 12 months **Animal bite** does not present RCDAD risk	**Evaluate:** • Any signs and symptoms of infection? • Any treatment required or medical evaluation? • When did this occur? • What type of animal? • Was the rabies status known?

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Bite, Human	Injury caused by human; potential for exposure to infections such HIV/hepatitis	**YES**	**Accept if** no broken skin **Evaluate** health status and signs/symptoms of possible infection if ≤12 mos from bite if skin was broken **Inform CM and proceed with request if medically suitable** **RCDAD RISK 12 months from exposure** had human bite with broken skin in the past 12 months	**Evaluate:** • Any signs and symptoms of infection? • Medical evaluation or treatment required? • Any follow-up infectious disease testing as a result?
Bleeding Disorders/ Clotting Factor Deficiencies	Tendency to bleed excessively; occurs because of inability to form clots; can be inherited or acquired: • **Inherited:** Hemophilia A (factor VIII deficiency) or Hemophilia B (factor IX deficiency) and von Willebrand's disease (Factor XII deficiency is not associated with bleeding) • **Acquired:** Multiple factor deficiencies caused by liver disease or vitamin K deficiency and factor inhibitors	NO	**Defer** See Hemophilia or von Willebrand's Disease if applicable	
Blood Clot *Deep Vein Thrombosis*	Formation of blood clots (thrombi) in veins deep within a muscle – usually in the legs or arms; increases risk of a dislodged clot traveling to the lungs and blocking an artery (pulmonary embolism). Oral birth control and pregnancy pose risk for developing blood clot as well as trauma and surgery.  	NO	**Accept if <u>all</u> apply:** • Single episode of deep vein clot <u>AND</u> • Occurred post-trauma or surgical intervention ≥12 months ago <u>AND</u> • No recurrence <u>AND</u> • Not currently on any anticoagulation medication **Evaluate as marrow only:** • Diagnosed with DVT during pregnancy and 6 months or more from delivery and no known underlying clotting conditions • DVT while on birth control >6 months from event or end of anticoagulation (whichever is later) **Inform CM if marrow-only and proceed with request** **Consult with medical staff** if first degree relative with a history of clots **Defer** all others with history of deep vein blood clot or developed pulmonary embolism See Factor V Leiden or Thrombophlebitis if applicable	**Evaluate:** • When did the clot occur? • What were your symptoms? • Was a cause or underlying diagnosis identified? • What was the treatment? • Was any clotting disorder testing completed? • Do you have any family history of clotting disorders?

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
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, and acupuncture with contaminated needles, or splash in the eye or mouth. Occupational exposure can also occur even while using PPE if there was a tear or puncture through the glove into the skin (e.g., needle stick, scalpel wound) or if there was a splash of blood into the eye while wearing a face shield.	**YES**	**Accept if:** • >12 mos. from needle stick or contact with someone else's blood or body fluids though open wound, non-intact skin, or mucous membrane • Had contact with someone else's blood or body fluids ≤12 months but denies any exposure through an open wound, non-intact skin, or mucous membrane **IMPORTANT:** Needle stick from needle used in veterinary medicine is NOT considered RCDAD risk. **Evaluate** for signs of infection **if** ≤12 months from needle stick or contact with someone else's blood or body fluids into open wound, non-intact skin, or mucous membrane **RCDAD RISK 12 months from exposure** **Inform CM and proceed with request if medically suitable; provide type of exposure and date.** See Bite, Human if applicable	**Evaluate:** • Any signs or symptoms suggestive of possible infection? • Any follow-up infectious disease testing because of this exposure?
Blood Pressure, High (**Hyper**tension)	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	**Accept if** controlled and no associated heart conditions **Consult with medical staff if:** • Uncontrolled hypertension or blood pressure known to be consistently >150 for systolic or >90 for diastolic while at rest, with or without medication • Requires multiple medications (>3) to treat condition	**Evaluate:** • When was high blood pressure discovered? • Any recent BP readings? • When was your last evaluation? • Any treatment? If yes, describe. • Any coexisting conditions, such as cardiac, cholesterol, etc.? • Any family cardiac history?
Blood Pressure, Low (**Hypo**tension)	Blood pressure low enough to cause symptoms like dizziness and fainting; multiple causes; also called hypotension	NO	**Evaluate** underlying cause of condition **Accept if** routinely low and no underlying medical condition (e.g., athlete)	**Evaluate:** • When was low blood pressure discovered? • Is there a known cause? • Any associated symptoms (e.g., lightheadedness, dizziness, etc.)? • Was a medical evaluation performed? If yes, include details. • Is the donor an athlete with known low blood pressure?
Body Piercing See Piercing				

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Blood Transfusions	Treatment of blood loss or conditions affecting the production of blood cells using banked blood product	NO	**Evaluate** underlying cause for transfusion **Inform CM of transfusion in past 12 months if medically suitable and proceed with request**	**Evaluate:** • Was an underlying cause determined? • When was the last transfusion? • How many transfusions were required? • Have you had stable complete blood count (CBC) post-transfusion?
Botox Injections	Injection of *Botulinum toxin* type A for cosmetic purposes or other purposes (such as treatment of migraines)	**YES**	**Accept if:** • Injected with **sterile/non-shared needles**, proceed with no RCDAD risk • Shared/non-sterile needles used **RCDAD RISK 12 months from exposure if shared/ nonsterile needle was used** **Inform CM of date of exposure and RCDAD**	If for cosmetic reasons, recommend avoiding Botox injections during mobilization/collection.
Brain or Head Injury	**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. **Concussion** is a common form of brain trauma which is a traumatic injury that alters the way the brain functions. Effects are usually temporary but can include headaches and problems with concentration, memory, balance, and coordination. Although concussions usually are caused by a blow to the head, they can also occur when the head and upper body are violently shaken. Other terms for concussion are mild traumatic brain injury or MTBI.	NO	**If RECENT INJURY** and not deferred based on criteria below**, TU** until >6 months after full recovery from recent head injury **Accept if ALL** of following are present: • Fully recovered with no ongoing neurological complications associated with the injury **AND** • >6 months since recovery from most recent injury **AND** • Loss of consciousness <1 hour **AND** • Associated neurological symptoms* lasted <10 days **AND** • No more than 1 head injury within past 12 months **AND** • No more than 6 lifetime concussions/head injuries **Consult with medical staff if:** • In the past 12 months sustained more than 1 head injury • Neurological symptoms* from any injury persisted >10 days up to 3 months • Skull fracture • Transsphenoidal (nose/sinus) surgery • Orbital (eye socket) surgery • Vestibular (inner ear) surgery (continued on next page)	**Evaluate:** Document each event with the details below. The donor may need to inquire with family or persons who witnessed the event if donor unable to recall details. • When and how did the injury occur? • Any loss of consciousness? If so, how long? • Any neurological symptoms? If so, include symptom(s) and how long each symptom(s) lasted. • Was the donor medically evaluated? If so, by whom and what was performed? Any imaging? • Any medical treatment required? If so, include details. • Any diagnosis, such as fractures, brain bleeding, or hematoma? • Were you instructed to abstain from activities for a period of time? (continued on next page)

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Brain or Head Injury (continued)			**Defer if** any of the following: • >1 hour loss of consciousness • >6 lifetime concussions/head injuries • Not fully recovered/experiences chronic neurological symptoms as direct result of a head injury • Coma • Stroke • Transient ischemic attack (TIA) • Intracranial hemorrhage (epidural, subdural, or subarachnoid hematoma) • Craniotomy (surgery into the skull) • Chronic traumatic encephalopathy See Aneurysm, Craniotomy, Implantable Device, Stroke, Transient Ischemic Attacks (TIA) if applicable See AID-00048, *Assessing Non-Medical Factors Affecting Donor Suitability*	• How long until full recovery? • Any residual problems or medical follow-up needed? ***Neurological Symptoms** (may include): Loss of consciousness, nausea and vomiting, visual disturbances, personality changes, difficulty thinking, poor concentration, headache including new onset migraines, light or noise sensitivity, dizziness/vertigo or balance problems, short term memory loss, fatigue, seizures. For purposes of volunteer donor assessment, a concussion must be medically diagnosed by physician or other medical personnel or met concussion criteria through sports assessment by a trainer or coach. Other serious injuries of the brain that may not have been specifically diagnosed as a concussion should also be taken into consideration in this assessment. However, superficial injuries (such as a scalp wound requiring stitches) with no reported neurological symptoms would not be assessed as a concussion or brain injury.
Brain Surgery	See Craniotomy			
Breastfeeding	Females feeding an infant with breast milk	NO	**Accept if** marrow donor (General anesthesia should not affect breastfeeding. Breastfeeding can resume once reunited with child.) **TU if** uninterruptible breastfeeding if PBSC. Per the NMDP PBSC protocol, females who are breastfeeding must be willing and able to interrupt breastfeeding during administration of filgrastim and/or filgrastim similars and for 2 days following the final dose (7-8 days total).	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Bronchitis *Acute*	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	Ensure supportive treatment/antibiotics are complete
Bronchitis *Chronic*	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	NO	See COPD (Chronic Obstructive Pulmonary Disease)	
Brucellosis	Infectious disease caused by bacteria when in contact with infected animals or animal products contaminated with the bacteria; recovery may take weeks or months	NO	**Accept if** fully recovered	
Bulimia See Eating Disorder				
Bursitis See Tendonitis/Bursitis				
Cancer	Diseases caused when a cell loses normal growth control mechanisms; also called malignancy or neoplasm **Important points regarding assessing cancer:** *Staging of cancers* is based on location, extent of local spread, extent of distant spread into lymph nodes, and whether the cancer has spread to other parts of the body. Staging describes the severity of a person's cancer based on the size and/or extent (reach) of the original (primary) tumor and whether cancer has spread in the body. (continued on next page)	NO	**Defer if:** • Ever treated with chemotherapy or recurrence of disease • Blood-based malignancy (leukemia, lymphoma, etc.) • Melanoma stages 3 or 4, no matter length of time since diagnosis • Ever received treatment involving **external*** therapeutic radiation or chemotherapy; includes use of gamma knife or proton radiation • Treated by surgery through the skull and dura (brain tissue) or stereotactic radiosurgery such as gamma-knife radiosurgery The following donor assessment within **Consult with medical staff** use the following for CM notification: **Inform CM and proceed with request** if medically stable. Provide diagnosis, treatments (surgery/radioactive isotope beads/radioactive iodine) and timelines. **If ever received chemotherapy or external radiation, even if the type of cancer involved is listed as Accept,** see **Defer** (continued on next page)	**Evaluate:** • What type of cancer were you diagnosed with? • When were you diagnosed? • What stage? • Was treatment required? If yes, explain. • What is your current health status? • Do you have any ongoing medical follow-up? • Any family history of cancer? If yes, what is the relation to donor?

Assessment Tool

<table>
<tr><th>Name</th><th>Description</th><th>RCDAD Risk?</th><th>Assessment/Action</th><th>Probing Questions</th></tr>
<tr>
<td>Cancer (continued)</td>
<td>
<table>
<tr><th>Stage</th><th>Definition</th></tr>
<tr><td>Stage 0</td><td>Carcinoma in situ*</td></tr>
<tr><td>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>Stage IV</td><td>The cancer has spread to distant tissues or organs</td></tr>
</table>
*In situ is cancer at a very early stage and is specifically called in situ or Stage 0; not called “low grade.”

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.
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Consult with medical staff if:
• History of solid tumor >2 years - <5 years since diagnosis/treatment and
• No chemotherapy, radiation, recurrence, or metastasis
• Taking ARIMIDEX or similar indicated for adjuvant treatment of postmenopausal females with hormone receptor-positive early breast cancer

Accept if:
• BRCA1 or BRCA2 positive and no diagnosis of cancer
• Family history of cancer, including blood-based cancers such as leukemia
• Non-cancerous gastrointestinal polyps
• Localized basal cell or squamous cell skin cancer

<u>For the following donor assessment within Accept action, use the following for CM notification:</u>
Inform CM and proceed with request if medically stable. Provide diagnosis, treatments (surgery/radioactive isotope beads/radioactive iodine) and timelines.

If ever received chemotherapy or external radiation- even if the type of cancer involved is listed as accept- see Defer
Accept if:
• Bladder cancer in situ*, breast cancer in situ*, or cervical cancer in situ* and fully recovered from treatment
• Cancerous GI polyp surgically removed >2 years and no recurrence
• Malignant solid tumor (includes thyroid, prostate, or breast cancer) if:
  ○ >5 years from completion of treatment (including use of Tamoxifen or similar medication following diagnosis/treatment) <u>AND</u>
  ○ No disease recurrence or metastasis <u>AND</u>
  ○ No chemotherapy or external therapeutic radiation treatment

(continued on next page)
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Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Cancer (continued)			**IMPORTANT:** Treatment with radioactive isotope beads for treatment of cancers such as prostate cancer or radioactive iodine commonly used for thyroid cancer treatment is acceptable but should be reported to CM. • Melanoma *in situ** or melanoma stage 1 if fully healed curative surgery and no recurrence at time of assessment • Melanoma stage 2 if >2 years from excisions/diagnosis without recurrence • Strong family history of breast cancer and on preventative medication such as tamoxifen or had preventative mastectomy (See **Evaluate if** taking tamoxifen or similar medication following cancer diagnosis/treatment >/= 2 first degree (e.g., parent, child, sibling) relatives with blood-based cancers **Inform CM and proceed with request.** See Acoustic Neuroma, Mycosis fungoides, Pituitary Adenoma, Polyps, Prolactinoma, Tumor if applicable	
Cardiac Disease See Heart Disease				
Carpal Tunnel Syndrome	Hand or arm pain caused by 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	**Accept** as marrow only **if** well-controlled with minimal symptoms **Inform CM of marrow-only and diagnosis and proceed with request** **Defer if** severe symptoms (e.g., severe diarrhea or being treated for malabsorption or other complications.)	
Cellulitis	Bacterial infection of the skin and tissues immediately beneath the skin	NO	**Accept if** fully recovered **Evaluate** acute localized infection under treatment	**Evaluate:** • What signs and symptoms of infection are present? • Treatment? If so, what type and timeframe? • Has infection been tested for MRSA?

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
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 (e.g., wheelchair-bound or significant contractions or spasms that might preclude a safe collection) • Has intrathecal (IT) Baclofen pump for muscle relaxer	
Cervical Dysplasia	Cervical cells that developed abnormally; typically means the cells are at increased risk for developing into cancer	NO	**Accept** See Human Papillomavirus (HPV) if applicable	
Chagas Disease	Tropical disease caused by the bite of infected insects; transmissible by blood; common in Central/South America and Mexico	**YES**	**Accept if** past history of Chagas disease if no evidence of acute or chronic infection (cardiac and intestinal issues) **Consult with medical staff if**: • History positive screening test and pending supplemental test • Confirmed positive testing and asymptomatic Any positive chagas test=**RCDAD RISK Indefinite** **Inform CM and proceed with request if medically suitable; provide test and date performed**	
Charcot-Marie-Tooth Disease	Not a single disease but a group of nerve disorders that affect movement and sensation in the arms and legs. These disorders are grouped together because they run in families and have similar symptoms.	NO	**Defer**	
Chemical Dependency	See Substance Use			

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
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 **Consult with Medical staff if** chest pain with in the past 1 year **Defer if** ongoing/recurring chest pain or undiagnosed or in evaluation	**Evaluate:** Any history of a heart condition or arrhythmia? If yes, see Heart Disease. • What were/are your symptoms? • When did you last have symptoms? • Any medications? • Any activity limits? • Any treatment? Successful? • Any available medical records (e.g., visit notes, EKG/stress test/labs)? • Any history of anxiety/panic attacks? Increased stress? • Recent infections? • Over-exertion? Sore muscles?
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** Type 1 or 2 **and** no symptoms (including headaches) **or** history of brain surgery **Defer if:** • Treated by surgery through the skull and brain tissue • Type 1 or 2 and symptomatic (including headaches) • Type 3	
Chikungunya virus	Viral infection spread by *Aedes* mosquitoes; most common symptoms are fever and joint pain; usually better in 3-7 days	NO	**Accept if** fully recovered and no residual problems	
Chondromalacia	Condition where the cartilage on the undersurface of the patella (kneecap) deteriorates and softens; common among young, athletic individuals, but may also occur in older adults who have arthritis of the knee. Also known as runner's knee.	NO	**Accept if** no associated arthritis or severe/ongoing mobility issues	
Chronic Fatigue Syndrome	Long-standing severe and disabling fatigue without a proven physical or psychological cause; possibly autoimmune	NO	**Defer**	
Cirrhosis	Destruction of normal liver that leaves nonfunctioning scar tissue surrounding areas of functioning liver tissue	NO	**Defer**	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Clinical trial/study	Research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of those interventions on health-related biomedical or behavioral outcomes.	NO	**Evaluate:** • Required clinical trial/study drugs or activity • Duration of study/time schedule/travel restrictions	**Evaluate:** • What does the study/trial consist of? • What is the duration of study? • Current or past participation? • Ask for participant information/consent of study donor is participating in
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 **Consult with medical staff** if performed for removal/biopsy of polyps or signs/symptoms of gastrointestinal (GI) medical conditions. See Cancer, Celiac Disease, Crohn's Disease, Diverticulosis/Diverticulitis, Ulcerative Colitis if applicable	**Evaluate** • Was a diagnosis determined because of testing? • What were the results of testing/biopsy? • Was any treatment needed? • Was any follow up indicated? If so, what/when?
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	
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**	
Convulsions See Epilepsy				
Connective Tissue Disorders	Diseases that have the connective tissues (CT) as primary target of pathology; CTs are the body's structural portions that hold cells of the body together; examples include Ehlers-Danlos, Marfan syndrome, lupus, and scleroderma	NO	**Defer** See Ehlers-Danlos Syndrome, Lupus (systemic), Marfan's Syndrome, Scleroderma	
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	NO	See Brain or Head Injury	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
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	**Consult with medical staff** as: • **Marrow/PBSC if** symptoms or testing are suggestive of COPD but not formally diagnosed • **PBSC-only if** reports minimal symptoms with diagnosis of COPD (such as no requirement of oxygen or limitations to activities) **Inform CM if PBSC-only and proceed with request** **Defer if** diagnosed with COPD and moderate/severe symptoms (such as requires oxygen, restriction in activities, etc.)	**Evaluate:** • What symptoms are present? • Was any testing completed (e.g., x-ray)? • Any treatment needed (e.g., medication, oxygen)? • Any medical follow-up? If so, how frequently and by whom?
Corneal Transplant	See Transplant Recipient			
Coronary Artery Disease	See Heart Disease			
Costochondritis	Inflammation of cartilage connecting ribs to breastbone; causes can include injury, strain, arthritis, infection, or tumor	NO	**Consult with medical staff** regarding underlying cause and current health status	**Evaluate:** • Was a cause determined, such as an infection, injury, strain, or coughing? • Any testing (EKG, chest x-ray, lab work)? • Any follow-up required?
COVID-19	Viral infection affecting different people in different ways; those infected people had a wide range of symptoms reported, from mild symptoms to severe illness; also known as **Coronavirus/SARS-CoV-2**	NO	**Accept if**: > 7 days post positive test **AND** afebrile **AND** improved and/or resolved symptoms. **Consult medical staff if:** • </= 7 days of a positive test/symptomatic • Continued/ongoing post-COVID symptoms • Participant in COVID-19 vaccine or related clinical trial See Vaccine, Routine or Travel	**Evaluate** • When did your symptoms begin? • What symptoms are you currently having? • Was any testing completed? If so, what were the results? • Any medical evaluation? If yes, include details. • What is your current health/recovery status? • Vaccination status? • Any known ill contacts?
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 **Craniosynostosis surgery**: Surgical repair of rare condition when one or more of infant's cranial sutures fuses too early; usually performed in first year of life	NO	**Accept if** performed in childhood for craniosynostosis and no complications, full recovery. **Defer** any other history of craniotomy See specific benign brain tumors, if required surgical treatment: Acoustic Neuroma, Hydrocephalus, Pituitary Adenoma, Prolactinoma if applicable	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions

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	**Defer if:**
			• Diagnosed with CJD disease
			• Undiagnosed demyelinating disease of the nervous system or degenerative neurological disease
			• Ever received dura mater transplant
			
			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:
			• Received human-derived growth hormone prior to 1985
			• One or more blood relatives with CJD and above "Accept" conditions are not present
			
			RCDAD RISK Indefinite
			Inform CM and proceed with request if medically suitable
			
			See Dementia, Growth Hormone Treatment, Transplant Recipient if applicable
				Evaluate:
				Family history:
				• What is the blood relative's relation?
				• Who told you and what caused your family to be at increased risk for CJD?
				• Was diagnosis confirmed by autopsy?
				• When was your family member diagnosed?
				• Was their diagnosis later found to be incorrect?
				• Was their diagnosis determined to be from:
				  ○ Exposure to human dura mater?
				  ○ Human pituitary-derived growth hormone?
				  ○ Other exposure?
				• Have you had laboratory testing such as gene sequencing showing that you do not have a mutation associated with familial CJD?
				• Any known exposure?

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**	**Defer if** has vCJD disease or undiagnosed demyelinating disease of the nervous system or degenerative neurological disease **Accept if:** • Spent certain length of time in UK/Europe during risk timeframes (See AID-00049, *Rationale and Action Guide at HR/CT/WU* for countries and time lines) • Received transfusion (blood, platelets, plasma, cryoprecipitate, granulocytes) in the UK or France since 1980 **RCDAD RISK Indefinite** **Inform CM of above and proceed with request.** See Dementia and Travel/Residence (UK and Europe) if applicable	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
CRP *Confluent and Reticulated Papillomatosis*	Rare chronic skin disease with exacerbations and remissions; cause is unknown: more common in young females; lesions are usually symptomless but may have itching	NO	**Evaluate** as **marrow-only** and current health status **Inform CM of above and proceed with request**	**Evaluate:** • Current locations and status of skin lesions? • Any treatment?
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	**Accept** as **marrow-only if** symptom free and not on medication for >6 months **Inform CM of diagnosis and marrow-only proceed with request if medically suitable**. **Evaluate** current health status as **marrow-only:** • On medication and no symptoms in past 6 months (See **Defer** if taking Remicade®) • History of an episode in the past 6 months • Removal of a section of the colon/intestine (partial colectomy) **Inform CM of diagnosis and marrow-only; proceed with request if medically suitable**. **TU** for 6 months from last episode if more than one episode in past 6 months **Defer if**: • Recurrent or poorly-controlled disease • Surgical removal of entire colon/intestine (full colectomy) • Requires treatment with tumor necrosis factor (TNF) Blocker medication such as infliximab (Remicade®), certolizumab pegol (Cimzia®), or adalimumab (Humira®)	**Evaluate:** • What symptoms are present? • When was the last episode/flare up? • Frequency of episode/flare up? • Resolution timeframe of flare up/episode? • Current recovery status? • Treatment? Include details (if injectable, include medication and injection schedule). • Any follow-up indicated? If so, how often? • Who treats this condition?
Cyclic Neutropenia	Disorder causing recurrent episodes of neutropenia during which there is a shortage (deficiency) of neutrophils; causes frequent infections and other health problems	NO	**Defer**	
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	**Accept if** benign cyst, no medical care required, and no impact to donation process See Chiari Malformation, Polycystic Kidney Disease, Polycystic Ovarian Syndrome (PCOS) if applicable	
Cystic Fibrosis	Hereditary disease-causing certain glands to produce abnormal secretions, resulting in tissue/organ damage, especially in the lungs and digestive tract	NO	**Accept if** carrier of the disease **Defer if** has the disease	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
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	**Accept** if asymptomatic **Evaluate** if ongoing symptoms	**Evaluate:** • What are your symptoms? • Any jaundice? • Do you require treatment? If so, what?
Deep Vein Thrombosis See Blood Clot				
Degenerative Neurological/ Neuromuscular Diseases	Includes a wide range of diseases affecting the peripheral nervous system, which consists of all the motor and sensory nerves that connect the brain and spinal cord to the rest of the body. Progressive muscle weakness is predominant condition of these disorders but also characterized by progressive decline in health, memory, comprehension, and judgment; multiple causes		**Evaluate if** family or carrier history and otherwise asymptomatic **Defer** See ALS, Alzheimer's, Charcot-Marie-Tooth Disease, CJD, vCJD, Dementia, Parkinson's, Guillain-Barre Syndrome, Huntington's Chorea, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis if applicable	**Evaluate:** • What is the diagnosis? • Family history, include family members • Any testing complete? • Why was testing completed?
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	**Accept if** temporary condition (delirium) and fully recovered **Defer if** progressive neurological condition See AID-00048, *Assessing Non-Medical Factors Affecting Donor Suitability* See Alzheimer's if applicable	
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	
Dental (Oral) Surgery	Surgical treatment of the teeth or mouth **Root canal:** Performed when the nerve of a tooth becomes infected, or the pulp becomes damaged	NO	**Accept if** fully recovered from dental procedure **Evaluate** recovery status following recent tooth extractions, root canal, implants, or other major dental procedures See Transplant Recipient if procedure involved use of cadaveric (deceased donor) or animal bone in past 12 months	**Evaluate** • When and what was the procedure? • Any follow-up indicated? If so, what and when? • Any additional procedures? • Any medications (e.g., antibiotics, pain medication)? • Current recovery status?
Depression See Mental Health Conditions				
Dermatographia	Condition causing reddened, raised temporary skin welts to appear with light scratch to skin; cause unknown	NO	**Accept**	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Developmental Delay	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	**Evaluate with medical staff** See Down's Syndrome, if applicable	**Evaluate** using AID-00048, *Assessing Non-Medical Factors Affecting Donor Suitability*

Diabetes	Progressive disorder when blood sugar (glucose) levels are abnormally high; 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
	
	Type I: Pancreas produces little/no insulin; long-term complications develop gradually and, eventually, may be disabling; requires insulin treatment
	
	Latent Autoimmune or Type 1.5: Similar to Type I diabetes. Starts in adulthood.
	
	Maturity onset Diabetes of the young or MODY: Inherited early onset diabetes
	
	Type II: More common than Type I; body becomes resistant to effects of insulin or doesn't make enough insulin
	
	Glycated hemoglobin (A1C) test indicates average blood sugar for past 2-3 months; recommended ≤7% but depends on age and other factors
		NO	**Accept if:**
			• Well-controlled with no related health problems (such as nerve, kidney, eye, significant gum or periodontal problems, or cardiovascular disease) and treated with:
			  ○ Diet alone or oral medications **OR**
			  ○ Non-insulin injectable medications
			• History of gestational diabetes that resolved after delivery
			
			Evaluate with medical staff if:
			• New diagnosis, within the last 3 months
			• A1C >7%
			
			Defer if:
			• Type I, regardless of stability status
			• Latent Autoimmune or Type 1.5
			• Type II if requires insulin to control disease
			
			See Implantable Device
				Evaluate:
				• When were you diagnosed?
				• Any treatment required?
				• Recent medication and/or dosage changes?
				• Do you monitor glucose levels? If so, what are the readings?
				• When was the last A1C reading performed?
				• Any other medical conditions (e.g., kidney, heart, eye disease)?

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	**Defer**	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Disability	Physical or mental condition that limits movements, senses, or activities; may be temporary or long-term; if significant and chronic, may meet coverage by disability insurance or social security (Supplemental Security Income [SSI] or Social Security Disability Income [SSDI]).	NO	**Accept if:** • Met disability criteria in the past, but no longer requires coverage due to fully recovered status • Met military definition of disability from service, but otherwise meets medical suitability criteria to serve as stem cell donor **Consult with medical staff and NMDP social worker if** on medical leave from work, but not on medical disability/SSI/SSDI **Defer if** currently on medical disability/SSI/SSDI (other than military disability)	**Evaluate:** • What type of disability? To ensure donor safety, the following questions are asked to **evaluate medical suitability in a volunteer setting:** • Any accident or injury? • Is this related to a chronic illness, disease process (e.g., arthritis, heart disease, cancer), etc.? • Who do you see for your ongoing care?
Diverticulosis/ Diverticulitis	**Diverticulosis**: Presence of multiple diverticula (balloon-like sacs), usually in the large intestine **Diverticulitis**: Inflammation or infection of one or more diverticula	NO	**Accept if** symptom-free >1 month (e.g., abdominal pain, fever, constipation) **Consult medical staff if** recurrent episodes. **Defer if** history of poorly controlled disease	**Evaluate:** • What are your symptoms? • Frequency of episodes? • How long until episodes resolve? • Any treatment required? If so, what?
Down's Syndrome	Genetic disorder with extra chromosome 21; exhibits combination of birth defects	NO	**Defer**	
Drug Use, non-prescribed medication and/or illegal drug use			See Substance Use, Self-injected Drugs if applicable See AID-00048, *Assessing Non-Medical Factors Affecting Donor Suitability*	
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	**Evaluate** status and symptoms of condition	**Evaluate:** • What is your underlying medical condition? • What body locations are involved? • What is the pain level of muscle contractions? • Any concerns for impact to collection methods?
Ear Piercing See Piercing				
Eating Disorder	Maladaptive patterns of eating dominating an individual's eating and overall health; examples include anorexia nervosa and bulimia nervosa	NO	**Evaluate** overall physical status **TU** for 6 months from discharge if required in-patient treatment in the past 6 months See AID-00048, *Assessing Non-Medical Factors Affecting Donor Suitability*	**Evaluate:** • Any diagnosis? • History and current health status of diagnosis? • Any treatment required? Include type, timeframe, etc. • Any associated health conditions?

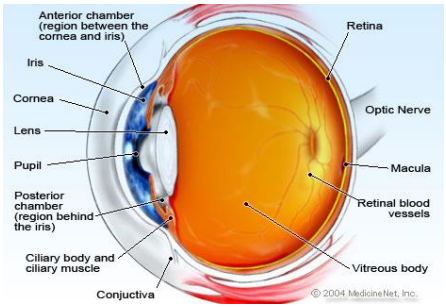
Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Ebola virus infection	Rare and deadly disease caused by a strain of Ebola virus. Transmitted from wild animals to people and can spread through human-to-human transmission.	NO	**Accept if** 12 months from past infection, made full recovery, and no complication	
Eczema	Group of medical conditions that cause skin to become inflamed or irritated; most common type is atopic dermatitis	NO	**Accept if** small, isolated patches not affecting donation locations and not using injectable medications **Consult medical staff** if moderate, severe, eosinophilic eczema and/or treated with injectable medication	**Evaluate:** • Is rash located near collection sites (over hips or in elbow area)? • When was last occurrence? • Any treatment or medication?
Ehlers-Danlos Syndrome	Inherited connective tissue disorders characterized by collagen defects; mostly affects skin, joints, and blood vessels	NO	**Defer**	
Electrocution	Damage to the skin or internal organs when a person comes into direct contact with an electrical current.	NO	**Accept** if fully recovered with no residual effects, cardiac, or other organ dysfunction, or neuropathies **Defer** if not recovered or internal injuries	
Emphysema	Irreversible enlargement of the air sacs (alveoli) that make up the lungs, causing destruction of the air sac walls	NO	See COPD (Chronic Obstructive Pulmonary Disease)	
Encephalitis	Viral infection causing inflammation of the brain; residual neurological impairment can include cognitive impairment, attention-deficit/hyperactivity, and learning disabilities	NO	**Accept if** fully recovered **Evaluate** any minimal residual neurological impairment **Defer if** moderate or severe residual neurological impairment	**Evaluate:** • When did this occur? • Any evaluation or treatment by a specialist? • Have you been released from care; is treatment complete? • Any current issues with balance, memory loss, or emotions?
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 See Barrett's Esophagus, Cancer, Celiac Disease, Diverticulosis/Diverticulitis, Gastroesophageal Reflux Disease (GERD), Hiatal Hernia if applicable	**Evaluate:** • Why was the procedure performed? • Any symptoms? • When was testing completed? • What were the results and/or diagnosis? • Any treatment or follow-up required? • If testing was recommended and not completed, will this be completed? If so, when?

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Eosinophilic Gastrointestinal Disorders	Disease caused by white blood cells (eosinophils) building up in the digestive system due to reaction to foods, allergens, or acid reflux; can injure esophageal tissue causing difficulty swallowing; considered immune-mediated or may exist with other autoimmune disorders Also known as: **Eosinophilic colitis:** Injury to large intestine **Eosinophilic esophagitis:** Injury to esophagus (the tube connecting the mouth to the stomach) **Eosinophilic gastroenteritis:** Injury to GI tract	NO	**Accept if** well-controlled with minimal symptoms **Evaluate if** ongoing GI symptoms or medical treatment **Defer if** significant swallowing problems **Inform CM of diagnosis and proceed with request if medically suitable**	**Evaluate:** • What are your symptoms? • Any treatment (such as esophageal dilation to • treat strictures)? • Any medications (such as oral steroids)? • Any other auto-immune conditions? • Follow-up required? If so, when?
Epilepsy	Seizure disorder involving periodic disturbances of the brain's electrical activity, resulting in some degree of temporary brain dysfunction	NO	**Accept if** well-controlled with no seizures within past 6 months **Evaluate if** had 1 or more seizures in the past 6 months **Defer if** uncontrolled and/or poorly controlled seizure activity	**Evaluate:** • How long ago were you diagnosed? • Any medical condition that causes seizures? • Any triggers? • When was the last seizure? • Do you take medication for this? Any dosage changes? • Are you cleared to drive? • Ongoing care required?
Epstein-Barr Virus (EBV)	Common virus which causes several diseases, including infectious mononucleosis	NO	**Accept if** >6 months from clinical infection and fully recovered **Evaluate** if ongoing symptoms **Consult with medical staff** if EBV IgM is reactive and EBV IgG is nonreactive **TU** for 6 months from today's date if not fully recovered **Inform CM and proceed with request if *current* EBV reactive tests with no symptoms** See Mononucleosis, Jaundice (CMV/EBV) if applicable	**Evaluate:** • How long ago were you diagnosed? • Any current or recent symptoms (e.g., fatigue, fever, sore throat, swollen lymph nodes, rash)?

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Eye Disease	Medical conditions that affect the eye including iritis and episcleritis, optic neuropathy, macular degeneration, glaucoma, conjunctivitis, and cataracts *Specific eye conditions that prevent receiving filgrastim and/or filgrastim similars and are PBSC Protocol exclusions:* **Iritis:** Inflammatory immune disorder in colored part of the eye (iris); no specific cause; often symptom of other diseases; type of uveitis **Episcleritis**: Inflammatory immune condition of connective tissue between the conjunctiva and sclera known as the episclera; red appearance makes it look like pink eye **Pars planitis** is a disease of the eye that is characterized by inflammation of the narrowed area (pars plana) between the colored part of the eye (iris) and the choroid. Pars planitis is an idiopathic chronic intermediate uveitis like uveitis.  	NO	**Accept if:** • Cataracts, being monitored or fully recovered from surgery • Conjunctivitis, fully recovered • Corneal transplant, if fully recovered and underlying reason is acceptable • Glaucoma, if stable, being monitored or on therapy • Karatoconus, being monitored or fully recovered from treatment • Macular degeneration, if stable • Retinitis pigmentosa, if stable (also called cone-rod dystrophy) • Strabismus correction surgery, fully recovered **Accept** as PBSC only **if:** • LASIK surgery or lens replacement within 3 months, fully recovered **Inform CM of PBSC-only (if applicable) and proceed with request** **Accept** as marrow-only **if:** • History of iritis/uveitis, episcleritis or pars plantis • History of detached retina or any eye condition/injury that affects blood vessels of eye • History of bleeding or clots in the eye or retina such as optic neuritis, optic neuropathy, or autoimmune retinopathy **Inform CM of marrow-only and proceed with request**. **Consult with medical staff if** other eye diseases or injuries are not listed. See Transplant Recipient if received corneal transplant in the past 12 months	**Evaluate** **Other eye disease:** • Diagnosis? • Treatment • Ongoing follow-up? • Any damage or concerns to the blood vessels behind the eye or to the eye itself? **Injury involving eye:** • Any damage or concerns to the blood vessels behind the eye or to the eye itself? • Treatment • Ongoing follow-up?

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
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 and donor has tested negative. **Consult with medical staff if** first degree relative(s) with known disease and donor has not been tested. **Defer if** diagnosed with either heterozygous (1 gene mutation) or homozygous (2 gene mutations), even if no history of clots	**Evaluate:** • Any history of blood clot? • Have you ever been tested? • Would you be willing to be tested on your own if asked? **Family history:** • Cause of blood clot? • Is there a reason donor has not been tested? Any plans to be tested?
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: • Vasovagal syncope (stimulation of vagus nerve from various stimuli such as the sight of blood or from pain or distress • Orthostatic hypotension caused by low blood pressure • Neurogenic syncope, also known as vasovagal neurocardiogenic syncope, is a fainting spell that occurs when the body overreacts to certain triggers, like intense emotion, the sight of blood, extreme heat, dehydration, a long period of standing, or intense pain	NO	**Accept if:** • Benign/non-life-threatening condition • Vasovagal syncope or neurogenic syncope **Consult with medical staff if** frequent fainting or if undetermined cause	**Evaluate:** • How often has this happened? • How long to fully recover? • Any evaluation for this concern? If so, when and what was completed? • Any treatment or follow-up? **Notify PE site/AC/CC of fainting history if acceptable to proceed**
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	**Accept if:** • Elevated liver enzymes (ALT/AST) • Diagnosed with fatty liver by ultrasound only and asymptomatic **Defer if** diagnosed with nonalcoholic steatohepatitis (NASH) via biopsy	**Evaluate:** • Any recent medication (including OTC) or supplement use? • Any recent or frequent alcohol use? • Any dietary concerns?
Fibromyalgia	Disorder characterized by persistent achy pain and stiffness in soft tissues, including muscles, tendons, and ligaments; unknown cause but possibly autoimmune; also called fibro myositis or fibrositis	NO	**Defer**	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
G6PD Deficiency	Common inherited metabolic disorder where specific enzyme (G6PD) that affects red blood cell metabolism is not present; complications can include hemolytic anemia; symptoms include rapid heart rate, shortness of breath, fatigue, dizziness	NO	**Accept** if asymptomatic **Inform CM of diagnosis and proceed with request if medically suitable** **Defer if** symptomatic	
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	
Gastric By-Pass See Weight Loss Surgery				
Gastric Ulcers See Ulcers, Peptic				
Gastroesophageal Reflux Disease (GERD)	Condition when stomach acid or bile flows back (refluxes) into esophagus causing inflammation; complications include narrowing of the esophagus, ulcers, and a slightly increased risk of esophageal cancer	NO	**Accept if** well-controlled	
Genetic Condition	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	**Consult with medical staff** regarding specific chromosomal condition to assess impact for hematopoietic stem cells **Inform CM as directed by medical staff and proceed with request, if medically suitable** See Down's Syndrome, Klinefelter's Syndrome, MTHFR, Turner's Syndrome if applicable	**Evaluate:** • Why were you tested? • What is the diagnosis? • Any genetic counseling? • Do you follow up with a specialist (geneticist)?
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 (*Giardia lamblia)*	NO	**Accept if** successfully treated **Evaluate** current symptoms and treatment status	**Evaluate:** • Any current symptoms (such as diarrhea, stomach cramps, pain, nausea, or vomiting)? • Any signs of dehydration?
Gilbert's Syndrome	Liver enzyme deficiency causing elevated unconjugated serum bilirubin levels and sometimes jaundice	NO	**Accept**	
Glomerulonephritis See Kidney Disease				

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Goiter	Enlargement of thyroid gland; has many possible underlying causes; most common is iodine deficiency	NO	**Evaluate** underlying medical condition **Accept if** iodine deficiency and successfully treated See Cancer, Graves' Disease, Hashimoto's Thyroiditis, Hyperthyroidism, Hypothyroidism, if applicable	**Evaluate:** • When was the last exam of this goiter? • Was the underlying cause determined? • If any treatment, what type? Is it ongoing?
Gonorrhea	Sexually transmitted disease caused by bacteria (*Neisseria gonorrhoeae)*	NO	**Accept if** successfully treated or currently receiving treatment	
Gout	Metabolic disease marked by deposits of urates in the joints and excessive amount of uric acid in the blood	NO	**Accept**	
Graves' Disease	Autoimmune disorder caused by an abnormal protein (antibody) in the blood stimulating thyroid to produce/secrete 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 levothyroxine (Levothyroid®, Synthroid®, Unithroid® or Levo-T®).	NO	**Accept if**: • >6 months from diagnosis/treatment, including treatment with radioactive iodine **AND** • Well-controlled for ≥3 months on thyroid replacement **AND** • Not on medications to control heart rate **Inform CM of diagnosis and proceed with request**	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
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 **NOTES:** • "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**	**Evaluate** underlying condition requiring a growth hormones **Accept if**: • Taking non-prescribed/non-injected OTC HGH ("human growth hormone") • Taking prescribed HCG (Human Chorionic Gonadotropin) injections for weight loss • Treated with synthetic (recombinant) growth hormone after 1985 **Accept if** treated with human-derived growth hormone (1963-1985) or a medication was received during that time and type was not known **RCDAD RISK Indefinite** **Inform CM of treatment with human-derived growth hormone** if donor received human-derived growth hormone (1963-1985), or a medication was received during that time and type was not known, and proceed with request	**Evaluate:** • Why was growth hormone needed? • When was this received?
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	**Accept** as marrow-only **if** fully recovered >12 months **Inform CM of diagnosis and marrow-only and proceed with request**	
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	**Accept if**: • Well-controlled for ≥3 months on thyroid replacement **AND** • >6 months from diagnosis **Inform CM of diagnosis and proceed with request**	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Headache (HA)	**Migraine:** 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 **Tension:** Constant band-like pain, affecting the front, top, or sides of the head; usually gradual onset **Cluster:** 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 **Sinus:** 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 **Retinal:** Rare condition occurring in a person who has experienced other symptoms of migraine; involves repeated bouts of short-lasting, diminished vision or blindness; may precede or accompany a headache. **Hemiplegic:** Rare and serious type of migraine headache; symptoms mimic those common to stroke; for example, muscle weakness can be so extreme that it causes a temporary paralysis on one side of body, which doctors call hemiplegia.	NO	**Accept if:** • Infrequent (<4/week) and well controlled by non-narcotic medications and headaches do not impact ADLs **OR** • Related to known triggers such as menstrual cycle **AND** • Controlled with OTC meds or migraine prevention medication **Evaluate with medical staff** as marrow-only **if** current/past stroke-like symptoms with migraines (hemiplegic or retinal migraine) fully recovered **Inform CM of marrow only,** if applicable **Defer if:** • Frequent/severe headaches that are not well-controlled and/or symptoms impact ADLs • Concern for ability to successfully keep appointments due to severity/intensity of headaches	**Evaluate:** • What type of headache do you exhibit? • When did this begin? • Was a cause determined? • What is the frequency and duration of headaches? • Pain level (Mankoski pain scale)? • Any triggers? • Do you require treatment? If so, what? Is the treatment effective? • Is there any impact to ADLs? • Is follow-up indicated? If so, how often? • Who manages this condition (e.g., PCP, neurologist)?
Head Injury	See Brain or Head Injury			
Heart Disease *Aneurysm*	See Aneurysm			
Heart Disease *Angina*	See Heart Disease - General			

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
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	**Accept if:** • ≥3 months after successful ablation with no further episodes of arrhythmia and not on medications • ONE single episode attributable to resolved underlying etiology and not on medications **Defer** if poorly controlled or on medications such as metoprolol (Toprol XL® or Lopressor®)	**Evaluate:** • How was this discovered? • Was a cause determined? • Any symptoms, such as palpitations, chest pain, dizziness, fatigue, lightheadedness, shortness of breath or weakness recently? • When was the last time you had these symptoms? • Any treatment (e.g., medications or ablation)? • Do you have availability of medical records on this condition, if requested?
Heart Disease *Bundle Branch Block*	Defect of 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	**Accept if** Right Bundle Branch Block (RBBB) **and** no underlying heart problems identified **Defer if:** • Left Bundle Branch Block (LBBB) • Second or Third-Degree Heart Block	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Heart Disease *Cardiac inflammatory disease conditions*	**Endocarditis** is an inflammation of the inside lining of the heart chambers and heart valves (endocardium). It is caused by a bacterial or, rarely, a fungal infection. **Myocarditis** is inflammation of the heart muscle (myocardium). The inflammation can reduce the heart's ability to pump blood. Myocarditis can cause chest pain, shortness of breath, and rapid or irregular heart rhythms (arrhythmias). **Pericarditis** is inflammation of the pericardium — the sac surrounding the heart. This sac is made of two thin layers of tissue with a small amount of fluid in between. The fluid keeps the layers from rubbing against each other and causing friction. **Myopericarditis** is present when both myocarditis and pericarditis occur at the same time.	NO	**Accept if** >6 months from acute diagnosis and resolved **Defer if** chronic (long term) or recurrent (goes away and comes back)	
Heart Disease *Cardiomyopathy*	See Heart Disease, General			
Heart Disease *Congestive Heart Disease*	See Heart Disease, General			

Heart Disease
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	**Defer if**:
			• Ever diagnosed or treated for serious cardiac conditions (regardless of current health status):
			  ○ Angina
			  ○ Cardiomyopathy
			  ○ Coronary heart disease (CAD)
			  ○ Congestive heart failure (CHF)
			  ○ Myocardial infarction (MI or heart attack)
			  ○ Takotsubo Cardiomyopathy
			• Ever required placement of pacemaker or other implantable device
			• Ever required coronary artery bypass graft (CABG)
			• Ever required stent placement
			• Ever required cardioversion or defibrillation (using an electrical procedure or using medicines)
			See Heart Surgery, Congenital Heart Condition Corrective Surgery
			See Implantable Device	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Heart Disease See Heart Disease – General *Heart Attack (MI)*				
Heart Disease *Irregular Heartbeat (Arrhythmias)*	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 **Paroxysmal supraventricular tachycardia (PSVT):** Episodes of rapid heart rate starting in part of heart above ventricles **Premature ventricular contractions (PVCs):** Extra, abnormal heartbeats that begin in ventricles; sometimes causes flip-flop or skipped; very common **Premature atrial contractions (PACs):** Premature heartbeats originating atria; very common **Ventricular tachycardia (V-tach):** Fast heart rhythm originating in ventricles; potentially life-threatening **Brugada syndrome:** Causes disruption of heart's normal rhythm; can cause unexpected death while sleeping **Long QT syndrome:** Disorder of heart's electrical activity; can cause sudden, uncontrollable, dangerous arrhythmias	NO	**Accept if** no symptoms and not taking heart medications **Consult with medical staff if**: • Requires medication to control irregular heartbeat **AND** has **NO** symptoms or limits to daily activity • Requires medication to control irregular heartbeat **AND** has mild or infrequent symptoms **Defer if**: • Required surgical intervention other than ablation • Taking digoxin (Lanoxin®) • History of Long QT syndrome, Brugada syndrome, or any other known cause of sudden cardiac death • Has frequent or severe symptoms For atrial fibrillation, Wolff-Parkinson-White Syndrome, or donors who report a history of cardiac ablation require further assessment, see Heart Disease (Atrial Fibrillation), Heart Surgery (Cardiac Ablation), Heart Disease (Wolff-Parkinson-White Syndrome) if applicable	**Evaluate:** • How was this discovered? • When was this diagnosed? • Have you been seen by a healthcare provider for this concern? If yes, who do you see (specialist, cardiologist, primary care, etc.)? • When was your last medical appointment for this concern? • What are your symptoms (include details of current and past)? How frequently do they occur? • When did you last have these symptoms? • Are there known triggers to symptoms? • Does this condition require treatment? If yes, what? • Have you ever required a cardiac ablation or other surgery for your condition? • Do symptoms limit your ability to carry out ADLs? • Do you have a family history of heart conditions or disease? • Do you have availability of medical records on this condition if requested (e.g., visit notes, tests such as EKG)?
Heart Disease See Heart Disease, Valve Disease/Murmurs *Mitral Valve Prolapse*				

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Heart Disease *Patent Foramen Ovale (PFO)*	Hole in heart usually between upper heart chambers that didn't close after birth; may increase risk of clots or stroke	NO	**Accept if** successfully repaired >3 months ago and off anticoagulant therapies or if diagnosed in infancy AND self-resolved without surgical intervention. **Consult with medical staff if**: • Diagnosed and no symptoms • Requires prophylactic antibiotic therapies for procedures **Defer if:** • Has symptoms (e.g., describes palpitations, chest pain, or shortness of breath, etc.) • Diagnosed secondary to cardiac event such as a stroke	**Evaluate:** • Any ongoing symptoms such as palpitations, chest pain, or shortness of breath? • Any medical follow up? If so, when and what type of provider are you seeing for this? • Were any cardiac tests performed (e.g., EKG, echo, etc.)? • Any restrictions to ADLs? • Do you have availability of medical records on this condition, if requested?
Heart Disease *Septal Defect*	Heart defect with hole in the wall (septum) between chambers of the heart; may close on own or require surgery **Ventricular Septal Defect (VSD):** Holes in wall that separates right and left ventricles of heart **Atrial Septal Defect (ASD):** Holes in wall that separates right and left atria of heart	NO	**Accept if**: • No symptoms **and** • Not taking heart medications **and** • No corrective surgery **Consult with medical staff if** requires medication and has no symptoms or limits to daily activity **Defer if:** • Has symptoms (e.g., describes palpitations, chest pain, or shortness of breath, etc.) • Required surgical intervention as adult If surgery performed as child, see Heart Surgery, Congenital Heart Condition Corrective Surgery See exception Heart Disease, Patent Foramen Ovale	**Evaluate:** • How was your septal defect discovered? • Have you ever had symptoms such as palpitations, chest pain, or shortness of breath? • When was the last time you had symptoms? • Are you being seen by a provider by this? If yes, what type of provider and how frequently are you following up? • Do you have regular cardiac tests done? If yes, how frequently, what type of tests do you have done, and what were the last results? • Any treatment needed? • Do you have any restrictions to ADLs or flying due to the septal defect? • Do you have availability of medical records on this condition, if requested?

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Heart Disease *Valve Disease/ Murmurs*	**Valvular disease:** 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 **Heart murmurs:** 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	NO	**Accept if**: • Mitral valve prolapse • Valvular regurgitation • Valvular insufficiency • Bicuspid valve **AND** • No ongoing medical care, • Not on cardiac medications, • No symptoms, **and** • No restrictions to daily activity **Evaluate with medical staff if:** • Cardiac medication for treatment of mitral valve prolapse • Describes presence of murmur without specific diagnosis **Defer if:** • Valvular repair surgery or valvuloplasty • Aortic or other valvular 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) See Heart Surgery, Tetralogy of Fallot Repair if applicable	**Evaluate:** • How was this discovered (e.g., routine exam, symptomatic, etc.)? • What evaluation was done for the murmur or valvular diagnosis (e.g., cardiologist consult, EKG, echo, etc.)? What was the result of this workup? • Any treatment required? • Do you have scheduled follow-up with a medical provider for this? If yes, how often and what type of provider is seeing you for this? • Do you have availability of medical records on this condition, if requested?
Heart Disease *Wolff-Parkinson-White Syndrome*	Disorder in which an extra electrical connection between the atria and the ventricles is present at birth; symptoms most often appear between 11-50 years and include rapid pounding heartbeat, dizziness, and lightheadedness.; treatment may involve medications or ablation. In rare instances, electric shock may be used to restore normal rhythm.	NO	**Accept if** successfully treated with cardiac ablation >3 months **Consult with medical staff** (if no cardiac ablation) if stable with no symptoms for >12 months **Defer if** on medications or symptomatic See Heart Surgery, Cardiac Ablation if applicable	**Evaluate:** • How was this discovered? • What are your symptoms (e.g., palpitations, chest pain, difficulty breathing, fainting or shortness of breath), both past and present? • Have you been medically evaluated? By whom? • Do you have regularly scheduled follow-ups and/or testing for this? If yes, how frequently? When is your next appointment? • Have you ever required treatment? If yes**,** include details. • Do you have availability of medical records on this condition, if requested?

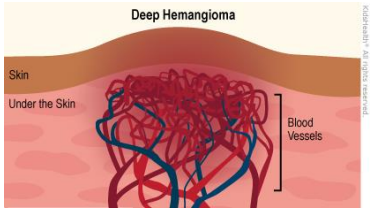
Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Heart Surgery *Angiogram* *Angioplasty*	**Angiogram:** Test for cardiac disease in which catheter is used to inject a dye that can be seen on x-rays **Angioplasty:** 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	NO	**Evaluate** underlying medical condition or symptoms requiring angiogram **Accept if** had angiogram and no disease detected **Defer if** required angioplasty or continues to experience angina/chest pain	**Evaluate:** • Why was an angiogram needed? • When was the angiogram done? • What were the results? • Any ongoing symptoms such as chest pain, shortness of breath, or palpitations? • Do you regularly see a medical provider? If yes, when was the last appointment? Do you have ongoing planned follow-up? • Do you have availability of medical records on this condition, if requested?
Heart Surgery *Cardiac Ablation*	Procedure using catheter and radio waves to ablate (destroy) abnormal tissue areas in the heart causing arrhythmia (including atrial fibrillation) to return to normal rhythm	NO	**Accept if** successful procedure **and** >3 months post recovery (i.e., no cardiac medications, no restrictions to activity, **and** no ongoing symptoms or medical care)	
Heart Surgery *Congenital Heart Condition Corrective Surgery*	Surgical repair of heart defect which developed before birth	NO	**Accept if** successful surgery (i.e., no cardiac medications, no restrictions to activity, **and** no ongoing medical care) performed as child (<18 years) **and** >3 months post recovery See Heart Disease, Valve Disease/Murmurs or Heart Surgery, Tetralogy of Fallot Repair if applicable	
Heart Surgery *Coronary Artery Bypass*	See Heart Disease, General			
Heart Surgery *Pacemaker*	See Heart Disease, General			
Heart Surgery *Stent Placement*	See Heart Disease, General			

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Heart Surgery *Tetralogy of Fallot Repair*	Combination of four congenital abnormalities: ventricular septal defect (VSD), pulmonary valve stenosis, a misplaced aorta, and a thickened right ventricular wall (right ventricular hypertrophy)	NO	**Accept if** successfully corrected with surgery, doing well with no residual cardiac dysfunction, ≥10 years from surgery and no longer being followed by a cardiologist. **Consult with medical staff if:** • There has been discussion of future surgery • <10 years since surgery and donor has ongoing cardiology follow up appointments **Defer if** surgery involved mechanical valve replacement See Heart Disease, Valve Disease/Murmurs	**Evaluate:** • Have you had corrective surgery? If yes, what type of surgery (e.g., valves repaired or replaced, patch placed, etc.)? • Any ongoing symptoms or concerns? • Do you have any ongoing follow up with cardiology? If yes**,** how frequent is follow-up and when are you due next? • Any future treatment, such as surgeries? • If <10 years since surgery and donor is still having ongoing cardiology follow up appointments, request most recent echocardiogram result and cardiology visit note for review.
HELLP syndrome	Life-threatening pregnancy complication usually considered to be complication of pre-eclampsia; abbreviation stands for symptoms: Hemolysis, Elevated Liver Enzymes and Low Platelets	NO	**Accept if** occurred during pregnancy and fully recovered **Defer if** not related to pregnancy	
Hematuria	Blood in urine; can be benign or indicate bladder or kidney disease; can be microscopic seen only on urinalysis (UA) or gross seen with the eye	NO	**Consult with medical staff:** • History and clinical status • To evaluate whether a UA is indicated at workup	**Evaluate** • When was this condition found? • Was a cause determined? • Do you have ongoing symptoms (such as visual blood in your urine) and how frequently do you have these? • Did you see a specialist for this? When was the last visit? • Do you have any ongoing care or planned surgical interventions for this?

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Hemangioma	Abnormally dense group of extra blood vessels; can occur anywhere but most common on face, scalp, chest or back; treatment usually isn't needed **Hepatic:** Noncancerous (benign) mass that occurs in liver; made up of tangle of blood vessels; also called hepatic hemangioma or cavernous hemangioma  	NO	**Accept if** located externally (such as on skin) **Accept** if hepatic (liver) hemangioma: • Fewer than or equal to 3 hemangiomas and/or • Hemangioma(s) is/are less than 5 cm in size **Consult with medical staff** if unable to provide number or size **Evaluate as** marrow only if more than 3 liver hemangiomas and/or hemangioma(s) is/are greater than or equal to 5 cm in size **Inform CM of marrow-only and proceed with request if medically suitable** **Defer** both products if hemangioma(s) with symptoms of right upper abdominal pain and/or abdominal fullness that cannot be otherwise explained	**Evaluate:** • Where are the hemangioma(s) located? • If hepatic hemangioma, do you know the size of the hemangioma? • Do you currently have symptoms, such as right upper abdominal pain or abdominal fullness? • Any past or current treatment? • Do you require any ongoing care? • Any imaging performed? If so, are results available if requested?
Hemochromatosis	Condition that develops with too much iron in the body ***Hereditary* (genetic):** Most common form of disease; an autosomal recessive disorder ***Acquired* (secondary):** From having many blood transfusions from trauma, blood disorders (e.g., thalassemia), chronic liver disease, or from taking excessive iron supplements	NO	**Accept if** hereditary, in good health, and if receiving treatment (for example, regular phlebotomy) **Evaluate** underlying condition if acquired	**Evaluate:** • Has a medical provider told you this condition is hereditary? • Have you been told this condition is acquired (e.g., related to blood transfusions, iron supplement intake)? • Are you currently using any iron supplementation? • Have you ever had IV iron supplementation? If yes**,** when and why? Is this ongoing? • Do you follow any special diets? • Are you seen by a specialist regularly for this? If yes, when was your last appointment, how frequently are you seen, and when is your next appointment? • What treatments are done for this and how often?
Hemoglobinopathy	Hereditary condition involving an abnormality in the structure of hemoglobin; main variants are HbS (sickle cell), HbE, and HbC		**Accept if** carrier of Hemoglobin C or E or other hemoglobinopathy **Inform CM of carrier status and proceed with request** **Defer if** has disease See Sickle Cell Anemia/Sickle Cell Trait, if applicable	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
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)	
Henoch-Schoenlein purpura (HSP)	Type of vasculitis causing bleeding in small blood vessels of the skin, joints, intestines, and kidneys. This condition is also known as IgA vasculitis.	NO	**Accept as** marrow only **if** history of childhood HSP (<18 years) and no recurrence **Inform CM of diagnosis and marrow-only and proceed with request if medically suitable** **Defer if** any history as adult	
Hepatitis	Inflammation of the liver caused by several reasons from viral to alcohol; refer to specific listings below			
Hepatitis *Autoimmune*	Associated with other autoimmune diseases, including hemolytic anemia, proliferative glomerulonephritis, thyroiditis, type 1 diabetes, and ulcerative colitis	NO	**Defer**	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Hepatitis *Close Contact/ Exposure to Hepatitis*	Close contact or sexual contact with a person diagnosed with or exhibiting symptoms of hepatitis, as well as living in dormitories, group homes, or prisons increases the risk of possible infection	**YES**	**Evaluate** for signs/symptoms of possible infection **if** close contact in the past 12 months with someone meeting conditions below: • Diagnosed with hepatitis B/C or had symptoms of hepatitis B/C infection in the past 12 months • With unknown type of hepatitis in the past 12 months • Who has known chronic hepatitis B infection • Has history of unknown type of hepatitis >12 months ago with unknown carrier/chronic infection status • ≤12 months received HBIG for exposure to known risk for hepatitis **Accept if** donor reports exposure but is asymptomatic **Consult medical staff** if donor reports exposure and has symptoms **RCDAD RISK 12 Months from exposure to hepatitis** **Inform CM and proceed with request if medically suitable**	**Evaluate:** • Have you had close contact with someone diagnosed with or who was told they had symptoms of hepatitis B or C by a medical provider in the last 12 months? • Have you had close contact with someone who had an unknown type of hepatitis or unexplained jaundice in the past 12 months? • Have you had close contact with someone with a known chronic hepatitis B diagnosis (also known as a chronic carrier) in the last 12 months? • Have you had close contact with someone with a history of either hepatitis B or C (either chronic or acute infections) and their recovery status is unknown? **If yes to the above questions:** • When was the last date of close contact? • What was/is your relationship to the individual discussed above? • What was the type of exposure? • Do you have any signs or symptoms of infection such as fever, fatigue, loss of appetite, nausea or vomiting, abdominal pain, dark urine, light colored stools, joint pain, or yellowing of your skin or eyes?
Hepatitis *Drug Induced*	Caused by either allergic reaction to or overdose of prescribed medications, OTC medications, vitamins, hormones, herbs, illicit drugs, and environmental toxins; includes acetaminophen, alcohol, statins (cholesterol reducing medications), and niacin	NO	**Accept if** fully recovered	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Hepatitis *Type A*	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 months ago and fully recovered (whether or not required immune globulin) • Received prophylactic hepatitis A vaccine **Evaluate if** <2 months from known exposure or close contact with someone currently sick with hepatitis A (whether or not received immune globulin) **TU** for 6 months from diagnosis	**Evaluate:** • When was the exposure? • Is the exposure ongoing? • Does the donor have any symptoms of illness such as fever, nausea, abdominal pain, diarrhea, or jaundice?
Hepatitis *Type B*	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 weeks after onset of symptoms and all patients, who do not remain chronically infected, will be HbsAg-negative by 15 weeks 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. **Hepatitis B surface antibody (anti-HBs):** The presence of anti-HBs is generally interpreted as indicating recovery and immunity from hepatitis B virus infection. Anti-HBs also develops in a person who has been successfully vaccinated against hepatitis B.	**YES**	**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 (NO RCDAD RISK ASSOCIATED for positive HbsAb only) • Positive screening test and negative confirmatory test, including anti-HBc (core antibody) **Evaluate:** • Diagnosis 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 months **TU** for 12 months from diagnosis or onset of symptoms **Defer if** known carrier or chronic infection with hepatitis B (asymptomatic but Hepatitis B Surface Antigen [HbsAg] positive) or repeat positive HBV NAT) **RCDAD RISK indefinite for past positive test or diagnosis** **Inform CM and proceed with request if medically suitable.** See Hepatitis, Close Contact/Exposure to Hepatitis if applicable	**Evaluate:** • Have you ever been diagnosed with or suspected of having hepatitis B? **If yes:** ○ When? ○ What symptoms were you having? ○ How was this treated? **If donor reports a past positive screening:** • Have you received any further hepatitis B testing or screenings or medical evaluation for hepatitis? • Have you recently received any vaccinations such as a hepatitis B vaccination? If yes, when? • Are you currently having any of the following symptoms: fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, light-colored stools, joint pain, or yellowing of your skin or eyes?

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Hepatitis *Type C*	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 months after onset **Treatment:** Ledipasvir/sofosbuvir (trade name Harvoni®, among others) is medication used to treat hepatitis C; high cure rates are 94% to 99%; taken daily by mouth for 8-24 weeks.	**YES**	**Accept if:** • Positive screening test with negative supplemental test and HCV NAT • >12 months from completion of successful treatment with medication such as Harvoni® **Evaluate if** indeterminate supplemental testing for hepatitis C **Defer if:** • Diagnosed with hepatitis C; see **Accept** if successfully treated and not chronic infection • Reports a confirmed positive HCV NAT; see **Accept** if successfully treated and not chronic infection • Known carrier/chronic infection with hepatitis C **RCDAD RISK indefinite for past positive test or diagnosis** **Inform CM and proceed with request if medically suitable** See Hepatitis, Close Contact/Exposure to Hepatitis if applicable	**Evaluate:** • Have you ever been diagnosed with or suspected of having hepatitis C? **If yes:** ○ When? ○ What symptoms were you having? ○ How was this treated? ○ Where you told this is a chronic infection? **If donor reports a past positive screening:** • Have you received any further hepatitis C testing or screenings or medical evaluation for hepatitis? • Are you currently having any of the following symptoms: fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, light-colored stools, joint pain, or yellowing of your skin or eyes?
Hepatitis – *Risk Behaviors* See HIV, Risks				

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Hepatitis *Unknown Type*	Inflammation of the liver or exhibiting symptoms of hepatitis but potential donor is not able to state a specific diagnosis or underlying cause; FDA determined that hepatitis at younger than 11 years is high probability of hepatitis A	**YES**	**Accept if** history of unknown type of hepatitis diagnosed <11 years of age **Evaluate** history of unknown type of hepatitis diagnosed ≥11 years of age, including infection history and any other associated symptoms **RCDAD RISK indefinite for diagnosis >/= 11 years of age** **Inform CM and proceed with request if medically suitable**	**Evaluate:** • When were you diagnosed with hepatitis? • Was a cause of the hepatitis identified (e.g., illness, medication, other treatment)? • If no suspected cause, any other medical treatments or diagnosis at the time the hepatitis occurred? • Are you having any of the following symptoms: fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, light-colored stools, joint pain, or yellowing of your skin or eyes? • Any ongoing concerns or medical evaluation? • Do you have availability of medical records on this condition, if requested?
Hereditary Multiple Exostoses (HME)	Genetic condition that causes bone growths on long bones of arms and legs, ribs, vertebrae, and hipbones; can sometimes be painful	NO	**Defer**	
Hereditary spherocytosis	Inherited disorder of the red blood cell membrane that causes the cells to be spherical rather than flat which can cause anemia	NO	**Defer** if diagnosed **Consult medical team** if first degree family history of spherocytosis and donor reports no diagnosis or work up for spherocytosis	
Herpes Simplex Virus (HSV)	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**	
Herpes Zoster Virus *Shingles* *Chicken pox*	Varicella-zoster virus (VZV) infection that produces severely painful blisters; called chicken pox in children and shingles in adults	NO	**Accept if** fully recovered **At workup:** **Consult with medical staff** if any active disease Inform CM as directed by medical staff	**Evaluate:** • Any current symptoms? • When did your symptoms start? • If yes, where are they located? • Were you diagnosed with chickenpox or shingles by a medical provider? • Any current treatment? If so, when with this be completed?

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
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** status and location of skin involvement	**Evaluate:** • What areas of the skin are affected? Any impact to collection sites? • Do you require medical treatment for this such as medication, corticosteroid injections, or surgery? • When was your last treatment? How frequent are treatments?
Hip Conditions (surgery, fracture, replacement, repair, or pain)	Fracture of the hip bone or surgical replacement of fractured or diseased hip bone with metal implants or repair of acetabular labrum tear (a fibrous cartilage rim around the socket)	NO	**Evaluate** reported hip pain **Accept** as PBSC/marrow **if:** • History of successful treatment for congenital hip defect as child with no pins/rods present • History of successful hip labral tear surgery if fully recovered >12 months without recurrence **Evaluate** as PBSC-only **if:** • History of hip fracture or replacement • History of recurrent labral tears **Inform CM if PBSC-only and proceed with request** See Avascular Necrosis, Joint Replacement Surgery, Perthes Disease, Pain if applicable	**Evaluate:** • Is there an identified or suspected cause of your hip concerns or pain? • When did this start? • Has the hip concern or pain gotten worse, better, or stayed the same over time? • Where is your hip concern or pain specifically located? • On a scale of 0-10 how severe is your hip pain currently? Is the pain occasional, intermittent, or constant? • Are there known triggers to the hip concern or pain? • Has any medical evaluation of this been completed? If yes**,** what was the outcome? • How is this treated (e.g., medication, rest, PT, chiropractic care)? • Does this impact either your range of motion or ability to complete ADLs? • Do you feel you can tolerate sitting in an apheresis chair for PBSC collection?
Histoplasmosis	Infection caused by the fungus (*Histoplasma capsulatum);* occurs mainly in the lungs	NO	**Accept if** fully recovered for ≥6 months **TU** for 6 months from diagnosis if active disease	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
HIV *Risks*	**Risks for exposure to HIV:** 1. Took money, drugs, or other payment in exchange for sex ≤ 5 years 2. Male who has had sex with another male ≤ 5 years OR females who have had sex with a male who has had sex with another male <5 years *Use sex at birth. For example, transgender female with sexual activity with male would be considered MSM.* 3. Used needles to take drugs, steroids, or anything not prescribed by MD ≤ 5 years. See Self-injected Drugs 4. Sexual partner with anyone in categories 2-4 ≤ 12 months or someone who diagnosed/suspected with AIDS/HIV 5. Been raped ≤ 12 months 6. Held in jail, prison, juvenile detention, or lockup for >72 consecutive hours ≤ 12 months 7. Exposure (direct contact) to blood through needle stick or open sore/wound ≤ 12 months. See Blood or Body Fluid Exposure 8. Received tattoo ≤ 12 months. See Tattoos 9. Received piercing in which shared instruments are known to have been used ≤ 12 months. See Piercing	**YES**	**Accept if** receiving Truvada® or similar medication for pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP) **For categories 1-9:** **RCDAD RISK Categories 1-3 = 5 years from exposure** **RCDAD RISK Categories 4-9 = 12 months from exposure** **Inform CM and proceed with request** if medically suitable. **Inform CM if** on PrEP/PEP medication. **Defer if** currently held in jail, prison, juvenile detention, or lockup	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
HIV *Symptoms*	Viral illness causing immune deficiency; transmissible in blood and stem cells; symptoms include: • Unexplained weight loss, night sweats, or persistent diarrhea • Unexplained persistent cough or shortness of breath • Unexplained persistent white spots or unusual sores in the mouth • Unexplained 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 month	**YES**	**Consult with medical staff if** reports any listed sign/symptoms The listed symptoms may also be attributed to other medical conditions. Proceed as directed for suitability. **Defer if** has disease or confirmed positive testing	**Evaluate:** • What are your symptoms? • When did these symptoms begin? Are they ongoing? • Have you been medically evaluated for these symptoms? **If yes:** ○ Was any explanation of your symptoms given by your medical team? ○ Did the medical professional express any concern for HIV? • Any treatment? • Have you ever been tested for HIV? If yes, when, why, and what were the results?
HIV *Tests*	Antibody and NAT (nucleic acid test) based tests performed to identify possible infection with HIV virus. Used for screening potential stem cell donors per FDA requirements.		**Accept if** positive screening test with both negative supplemental test and HIV NAT **Consult with medical staff if** all current HIV testing is negative and: • Past indeterminate HIV-1 Western Blot or another supplemental test • Past indeterminate HIV-2 Immunoblot • Past positive HIV-1 NAT **RCDAD RISK IDEFINITE FOR ANY POSITIVE HIV TESTING** **Inform CM and proceed with request**	**Evaluate:** • When was the positive screening? Are you able to provide these results? • Was any medical evaluation completed due to the positive screening? What was the outcome? • Have you ever been diagnosed with or told by a medical provider you have HIV?
Hives	See Urticaria (Hives)/Angioedema			

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Hospitalization	Stay in hospital for treatment of medical condition or trauma	NO	**Evaluate** underlying medical condition requiring hospitalization in the past 12 months **Consult with medical staff if:** • History of any hospitalization from major trauma (e.g., multiple injuries, large volume blood loss, serious head trauma, or internal injuries) • Not fully recovered, regardless of length of time since hospitalization **Accept if** >6 months and fully recovered from reason for hospitalization with no ongoing treatment or therapy See Surgery if applicable	**Evaluate:** • Why were you hospitalized? Was the hospitalization planned or a result of an illness or injury? • When and for how long were you hospitalized? • Were you hospitalized due to multiple injuries, large blood loss, serious head trauma or internal injuries? **If yes**, please explain how this occurred in detail. • Was your hospitalization in a general patient floor, outpatient care, observation unit, intensive care unit, or in another patient care area? • Are you having any ongoing symptoms? Is follow-up care required? • Are you currently undergoing any ongoing treatment (such as medications or therapy) for the reason for your hospitalization? • Have you been medically cleared by your provider to resume all activities?
Human Papillomavirus (HPV)	Virus that causes cervical cancer and genital warts	NO	**Accept if:** • Current diagnosis or history of genital warts • History of treated cervical cancer *in situ* (Stage 0) • History of cervical dysplasia • Received HPV vaccine (Gardasil®) See Pap Smear, if applicable	
Huntington's Chorea	Progressive condition causing nerve cells in the brain to waste away; symptoms may include uncontrolled movements, emotional disturbances, and mental deterioration; hereditary	NO	**Accept if:** • 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	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
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**	**Accept if** positive screening test and negative supplemental test or PCR negative **Consult medical staff if:** • Repeat positive HTLV screening tests and no further definitive tests • Past indeterminate Western Blot or other supplemental test results **RCDAD RISK INDEFINITE FOR ANY POSITIVE TESTING** **Inform CM and proceed with request if medically suitable** **Defer if** diagnosed with HTLV-I or HTLV-II	
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**	
Hyperlipidemia	Also known as high cholesterol. Abnormally high levels of lipids (cholesterol, triglycerides, or both) carried by lipoproteins in the blood	NO	**Defer if** history of plasma exchange or diagnosed with cardiac disease	
Hypertension See Blood Pressure, High				
Hypoparathyroidism	Disorder in which the parathyroid glands in the neck do not produce enough parathyroid hormone (PTH); blood calcium level falls, and the phosphorus level rises; most common cause is injury to the parathyroid glands during thyroid or neck surgery	NO	**Accept if:** • Well-controlled, asymptomatic, and normal electrolytes (calcium and phosphorus) **and** • Acceptable underlying condition **and** • Recovered from surgery, if applicable **Consult with medical staff** if autoimmune in nature or unknown cause	**Evaluate:** • When did you last have labs completed for this? Were your calcium and/or phosphorus levels normal? • Are you taking any medications for this currently (such as vitamin D or calcium; indicate whether oral or IV)? • Have you ever received radiation therapy? • Do you have any symptoms such as spasms of the face, arms, hands, or feet, or burning or prickling sensations?
Hypotension See Blood Pressure, Low				

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Idiopathic Thrombocytopenia Purpura (ITP)	Disease in which antibodies form and destroy the body's platelets; may be caused by viral infection, particularly in children; may be immune mediated, particularly in adults	NO	**Accept as marrow-only if** childhood ITP (defined as <18 years with acute onset of ITP resolving usually in <6 months with no recurrence) **Inform CM diagnosis and marrow only and proceed with request** **Defer if** any history as an adult or if ongoing ITP episodes as child, even if resolved as adult	
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	**Accept if** history of low IgA levels AND asymptomatic with no infectious issues or other ongoing management **Consult with medical staff** if low/unknown level of IgA and symptomatic (frequent infections, allergic reactions, poorly controlled asthma) **Inform CM as directed by medical staff** **Defer if** no IgA is present	**Evaluate:** Do you have any symptoms or health problems related to this condition such as frequent infections, asthma, diarrhea, ear or eye infections, autoimmune diseases, and/or pneumonia?
Immunoglobulin Deficiency *Other*	Group of immunodeficiency disorders in w hich the patient has a reduced number of or lack of antibodies; major classes of antibodies include IgG, IgM, IgA, IgD, and IgE	NO	**Consult with medical staff** **Inform CM as directed by medical staff**	**Evaluate:** • What type of immunoglobulin deficiency do you have? • When was this diagnosed? • What symptoms were you having at the time of diagnosis? • Do you have any symptoms or health problems related to this condition such as frequent infections, asthma, diarrhea, ear or eye infections, autoimmune diseases, and/or pneumonia? • Is your condition considered well-controlled? When was your last follow-up for this?
Immunoglobulin A (IgA) Nephropathy See Kidney Disease, IgA Nephropathy				

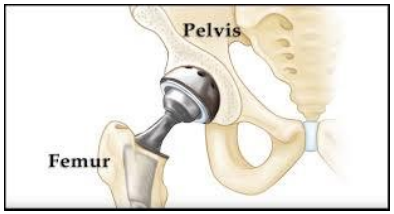
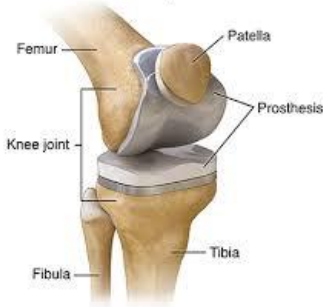
Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Implantable Device	Examples include cardiac pacemakers, insulin pumps, cochlear implant, catheter, deep brain neurostimulators, gastric stimulators, foot drop implants	NO	**Evaluate for:** • Underlying medical condition requiring device • Reason for devices (monitoring versus treatment) • Location of device in relation to any collection sites See Diabetes, Fibromyalgia, Meniere's Syndrome, Back/Neck/Spine Problems, Sleep Apnea if applicable	**Evaluate** • What is the reason for the implanted medical device? • When was the device implanted? • Is the device used for monitoring or ongoing treatment? • Where is the device located? • Any symptoms of your medical condition, despite having this device? • Is your condition considered well-controlled at this time? • Do you require ongoing/regular follow-up?
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 See Diabetes	**Evaluate:** • Why was this evaluated? • Have you been diagnosed with diabetes? • Do you have any recent blood sugar levels, cholesterol results, or HgB A1c results you can share? • When was your last follow-up for this? • Do you require ongoing follow-up?
Interstitial Cystitis	Chronic inflammation of the bladder; also called "painful bladder syndrome"; unknown cause; mostly affects females; treatment can include PT, oral medications, nerve stimulation	NO	**Accept if** well-controlled (including presence of nerve stimulator)	
Intracranial Hemorrhage	Blood vessel in skull ruptures or leaks; can result from trauma (e.g., head injury) or non-traumatic causes (e.g., aneurysm) See Brain or Head Injury			
Iritis See Eye Disease				

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Irritable Bowel Syndrome (IBS)	Motility disorder of the entire digestive tract causing abdominal pain, constipation, or diarrhea	NO	**Accept if** well-controlled **Consult with medical staff if** recurrent or poorly controlled disease; status as appropriate	**Evaluate:** • Are you currently having symptoms? If so, how frequent? • If no current symptoms, how long ago were your last symptoms? • Have you been medically evaluated for this? • Do you require any treatment? • Do you have any dietary restrictions? If yes, are your symptoms well-managed by following this? • Does this condition impact your ability to attend appointments, work, or complete ADLs?
IV Drug Use	See Self-injected Drugs			
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 *CMV/EBV*	Jaundice caused by cytomegalovirus (CMV) infection or Epstein Barr virus (EBV) which involved the liver	NO	See Cytomegalovirus, Epstein Barr Virus	
Jaundice *Gallstone/Bile duct obstruction*	Jaundice caused when an infection starts due to obstruction of the bile ducts (biliary tract); chronic hemolytic anemia can also cause gallstones to form	NO	**Accept if** fully recovered and not related to hemolytic anemia	
Jaundice *Medication-induced*	Jaundice caused after prolonged use of certain drugs causing chronic inflamed liver; examples are methyldopa (Aldomet®), isoniazid (INH®), nitrofurantoin (Furadantin® or Macrodantin®), and possibly acetaminophen (Tylenol®)	NO	**Evaluate** underlying medical condition requiring medication **Accept if** fully recovered	**Evaluate:** • What is the medical condition? • What medication are you taking? • Any ongoing medical treatment? If yes, explain.
Jaundice *Newborn*	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

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Jaundice *Unexplained Jaundice*	Jaundice of unknown cause; may be a symptom of multiple conditions	**YES** Q #41	**Accept if** jaundice <11 years of age **Evaluate if** jaundice ≥11 years of age **RCDAD RISK INDEFINITE** **Inform CM and proceed with request if medically suitable** If diagnosed with hepatitis, see Hepatitis categories	**Evaluate** • At what age did you have jandice? • Did you have any other symptoms? • Was there a hepatitis A outbreak at the time of your illness? • Were you evaluated by a medical provider? • Was a hepatitis test performed? • Did you require any treatment? • Has this reoccured?
Joint Replacement Surgery	Surgery which removes damaged or diseased parts of a joint and replaces them with new, man-made parts such as knee or hip, shoulder; reasons for surgery include osteoarthritis, rheumatoid arthritis, and injury  Total knee replacement 	NO	**Evaluate if** not fully recovered, considering the following: • Any limited range of motion • Current pain status • Difficulty sitting for long periods of time • Ongoing PT **Accept for PBSC/marrow if knee or shoulder replacement if:** • Fully recovered **and** • Completed with PT **and** • Released from surgeon **and** • Underlying condition requiring replacement surgery is acceptable (such as osteoarthritis) **PBSC-only if hip replacement if:** • Fully recovered **and** • Completed with PT **and** • Released from surgeon **and** • Underlying condition requiring replacement surgery is acceptable (such as osteoarthritis) **Defer** for both products if on medical disability for condition **Inform CM of product limitation and proceed with request if medically suitable** See Surgery, Hip Conditions, Shoulder repair/injury, Pain if applicable	**Evaluate:** • When was your joint replacement surgery? • Why was this done? • Do you have any ongoing pain, limitations to range of motion, or ADLs currently? • If ongoing pain: What is your daily pain level? Do you have pain flares? What triggers the flares? How severe is the pain during a flare? • Do you have any ongoing therapy, treatment, or medications for this currently? • Are you considered fully recovered and released from your surgeon's care? • Review both marrow and PBSC procedures with donor and inquire about their ability to tolerate positioning of both.
Kaposi's Sarcoma (Donor)	Cancer appearing as painless, red to purple, raised patches on the skin; affects many with AIDS	**YES**	**Defer**	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Kawasaki Disease	Temporary inflammation in walls of small- and medium-sized arteries throughout body; most common in children who recover without serious problems	NO	**Accept if** childhood illness and fully recovered with no other ongoing related medical concerns (such as heart issues)	
Keloids	Abnormal scar formations that are firm, pink to red irritated bumps that tend to gradually enlarge; people with darker skin are typically more predisposed	NO	**Evaluate** severity and location of current keloids and product request for potential impact to collection sites	**Evaluate:** • Location of keloids? • Treatment required? If so, include details.
Kidney Disease *Glomerulonephritis*	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** related to acute infection, no recurrence, and fully recovered **Defer if** chronic infection or inflammation associated with systemic disease such as lupus or diabetes	
Kidney Disease *IgA Nephropathy*	Most common form of glomerulonephritis; also called Berger's disease; occurs when an antibody called immunoglobulin A (IgA) lodges in kidneys	NO	**Consult with medical staff as marrow only** (current health status and kidney function) **Inform CM if marrow-only as well as diagnosis**	**Evaluate:** • When was this diagnosed? • Was a cause found (e.g., genetic, liver disease, celiac disease, infection)? • What testing have you had done? Can you share most recent test results? • Do you have any ongoing symptoms such as dark colored urine, foamy urine, pain, swelling, high blood pressure, or weakness? • Are you taking any medication for this such as blood pressure medications, immunosuppressive medications, or corticosteroids, cholesterol meds, or diuretics? • Do you have ongoing follow-up for this?
Kidney Disease *Kidney Stones*	Hard masses that form anywhere in the urinary tract; may cause pain, bleeding, obstruction, or infection	NO	**Accept if** fully recovered	
Kidney Disease *Nephrotic Syndrome*	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**	

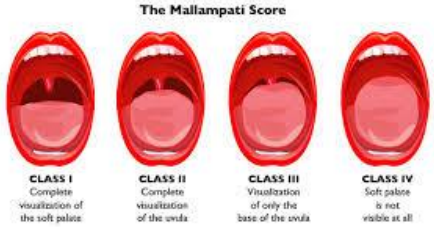
Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Kidney Disease *Polycystic Kidney Disease*	Inherited disorder in which many fluid-filled sacs (cysts) form in both kidneys	NO	**Accept if** normal kidney function and ≤40 years **Defer if** diagnosed with hypertension or >40 years	
Kidney Removal/ Single Kidney	Surgical removal of a kidney (nephrectomy) due to disease, injury, donation, or being born with one kidney (this can be also known as a horseshoe kidney)	NO	**Accept if:** • Fully recovered if congenital, kidney donated, horseshoe kidney, or removed due to injury **AND** • Normal kidney function of remaining kidney **Defer if:** • Removed due to non-malignant kidney disease (if removed due to cancer, see Cancer) • Less than normal function in remaining kidney	
Klinefelter's Syndrome	Disorder in which male infants are born with an extra X chromosome (XXY)	NO	**Accept** **Inform CM of condition and proceed with request**	
Langerhans Cell Histiocytosis	Rare disease involving clonal proliferation of Langerhans cells, abnormal cells deriving from bone marrow and capable of migrating from skin to lymph nodes	NO	**Defer**	
LASIK Eye Surgery	Common eye surgery; abbreviation of "laser-assisted in situ keratomileusis"	NO	See Eye Disease	
Leishmaniasis	Parasitic disease spread by infected sand flies; most common forms are *cutaneous* causing skin sores and *visceral* affecting internal organs; endemic in various parts of the world including Middle East (and Iraq)	NO	**Accept if:** • Had disease >12 months ago • Travel to Middle East or Iraq >12 months ago **Evaluate if:** • Diagnosed ≤12 months • Travel to Iraq ≤12 months **Inform CM and proceed with request if ≤12 months departure from Iraq or diagnosed ≤12 months ago and medically suitable**	**Evaluate:** • When was this diagnosed? • What testing was done? • What treatment was done? • Do you have any ongoing treatment? • Do you currently have any symptoms?
Liver disease	Conditions caused by infections, disease, injury, or medications that impact effectiveness of the liver		See individual categories of Cirrhosis, Gilbert's Syndrome, Hemangioma, Hepatitis, Jaundice	
Lichen Planus	Common inflammatory disease of the skin and mouth	NO	**Accept if** well-controlled	
Lichen Sclerosus	Long-term painful skin condition; mostly affects the genital and anal areas	NO	**Accept if** well-controlled	
Low Platelets	See Thrombocytopenia or ITP			
Lung Disease	Conditions caused by infections, disease, injury, or medications that impact effectiveness of the lungs	NO	See individual categories of Asthma, Bronchitis, COPD, Pneumonia, Tuberculosis	
Lupus Anticoagulant	See Antiphospholipid Syndrome			

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Lupus *Cutaneous/Discoid*	Chronic cutaneous lesions commonly appearing on the face or scalp; considered autoimmune	NO	**Accept if** well-controlled	
Lupus *Systemic (SLE)*	Chronic inflammatory connective tissue disorder involving joints, kidneys, mucous membranes, and blood vessel walls; considered autoimmune	NO	**Defer**	
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	
Lymphedema	Swelling generally occurring in one arm or leg; sometimes both; caused by removal/damage to lymph nodes resulting in blockage in lymphatic system	NO	**Defer**	
Lynch Syndrome	Common inherited condition that increases risk of colon cancer and other cancers; faulty DNA repair/malignancy risk associated with this condition	NO	**Consult with medical staff** if family history and donor has not been tested **Defer** if has condition	**Evaluate:** • Who in your family has been diagnosed? • Any cancer diagnosis? If yes, include details.
Malaria	Infection of red blood cells with parasite (Plasmodium), which causes fever, an enlarged spleen, and anemia; has been transmitted via blood products	NO	**Accept if** treated and asymptomatic (no symptoms) for >3 years if history of previous infection **Consult with medical staff** if had malaria ≤3 years **Inform CM and proceed with request if medically suitable** **TU if** active disease; consult with medical staff to determine length of TU See Travel/Residence, Malaria Endemic Area if applicable	**Evaluate:** • When were you diagnosed with malaria? • What symptoms did you have at the time of diagnosis? • What treatment did you receive? • Do you have any current symptoms? • Do you have any ongoing follow-ups?
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:** • Has this condition • Reports a first degree relative (parent/sibling/child) with this condition **Inform CM of PBSC-only and proceed with request if medically suitable**	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Mallampati Score	Simple test that can be a good predictor of obstructive sleep apnea. In anesthesia, the Mallampati score (or classification) is used to predict the ease of intubation. 	NO	**Accept for both products if** not evaluated or score I or II and not diagnosed with sleep apnea **Consult with medical staff if** score of III and evaluate for other risk factors for intubation or sleep apnea **Accept as PBSC ONLY if** score of IV **Inform CM of PBSC-only and proceed with request** if medically suitable See Sleep Apnea if applicable	**Evaluate:** • Have you ever undergone general anesthesia before? If yes, have you ever been informed of any concerns for intubation or ability to undergo anesthesia? • Have you ever been diagnosed with or suspected of having sleep apnea? • Have you ever been diagnosed with airway issues such as asthma, airway stenosis, vocal cord dysfunction, etc.?
Marfan's Syndrome	Rare connective tissue disorder resulting in abnormalities of the eyes, bones, heart, and blood vessels	NO	**Defer**	
Mastocytosis	Condition mast cells accumulate in skin and/or internal organs such as the liver, spleen, bone marrow, and small intestines; two main forms: cutaneous and systemic.	NO	**Defer**	

Assessment Tool

<table>
<tr>
<td>Medication</td>
<td>Substance used for medical treatment

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.

Pain Medication Classes and Functions
<table>
<tr><th>Class</th><th>Functions</th><th>Example</th></tr>
<tr><td>Non-Steroidal Anti-Inflammatory (NSAIDS)</td><td>Act on substances in the body that can cause inflammation, pain, and fever</td><td>ibuprofen / Advil® Motrin®
naproxen / Aleve®</td></tr>
<tr><td>Corticosteroids</td><td>Exert powerful anti-inflammatory effects</td><td>prednisone</td></tr>
<tr><td>Acetaminophen</td><td>Increase the body's pain threshold, but it has little effect on inflammation</td><td>Tylenol®</td></tr>
<tr><td>Opioids (narcotic analgesic)</td><td>Modify pain messages in the brain</td><td>hydrocodone / Vicodan®
tramadol / Ultram®</td></tr>
<tr><td>Muscle relaxants</td><td>Reduce pain from tense muscle groups, most likely through sedative action in the central nervous system</td><td>cyclobenzaprine / Flexeril®
baclofen / Lioresal®</td></tr>
<tr><td>Anti-anxiety drugs</td><td>Work on pain in three ways: they reduce anxiety, they relax muscles, and they help patients cope with discomfort</td><td>alprazolam / Xanax®
aorazepam / Ativan®
diazepam / Valium®</td></tr>
<tr><td>Antidepressants</td><td>May reduce pain transmission through the spinal cord</td><td>amitriptyline</td></tr>
<tr><td>Anticonvulsant</td><td>Relieve the pain of neuropathies, possibly by stabilizing nerve cells</td><td>gabapentin / Neurontin®
pregabalin / Lyrica®</td></tr>
</table>
</td>
<td>NO</td>
<td>Evaluate underlying condition requiring treatment with medication

Evaluate if taking the following medications:
• Anti-inflammatory or pain medications taken on a frequent basis such as ibuprofen (Advil®), celecoxib (Celebrex®), indomethacin (Indocin®), hydrocodone/acetaminophen (Vicodin®), and meperidine (Demerol®)
• Injected non-insulin medication such as exenatide (Byetta®) or liraglutide (Victoza®) dulaglutide (Trulicity®) for treatment of diabetes
• Oral diabetic medications such as chlorpropamide (Diabinase®), tolbutamide (Orinase®), tolazamide (Tolinase®), glipizide (Glucotrol®), glyburide (Diabeta®, Micronase®, Glynase®, Glycron®), and glimepiride (Amaryl®)
• Standard medications used as part of a clinical trial or investigation (particularly evaluate for potential stem cell toxicity/suppression)
• Oral methotrexate (Otrexup™, Rasuvo®, Rheumatrex®, Trexall™) if taken at any time
(Defer if taken for cancer treatment)
• Pre-exposure prophylaxis (PrEP) medications such as emtricitabine/tenofovir (Truvada®, Descovy®) and underlying purpose of treatment (pre/post exposure or treatment of HIV infection)
See HIV, Risks
• Short term oral steroids (taking <3 months) such as prednisone, hydrocortisone (Hydrocortone®), cortisone, dexamethasone (Decadron®), and methylprednisolone (Medrol®)
• Weight loss drugs: Bupropion-naltrexone (Contrave), Liraglutide (Saxenda), Orlistat (Xenical, Alli), Phentermine-topiramate (Qsymia), Semaglutide (Wegovy), Setmelanotide (Imcivree)

Defer if participation in an investigational study that involves potential receipt of an experimental (new) medication

Defer if taking the following medications:
• Blood thinner medication such as Coumadin® (warfarin), Ticlid®, Lovenox®, Xarelto®, and Plavix®
• Cardiac medications such as nitroglycerin, Isordil®, and Lanoxin® (digoxin)
(continued on next page)</td>
<td>Evaluate:
• Why are you taking the medication?
• How long have you been taking the medication?
• Is the medication effective? If not, describe.
• Have you had any problems or reactions with your medication?
• Have you had to change the dosage and/or medication to treat your condition? If yes, when was the last dosage or medication change?
• Did you or provider increase or decrease your dose?
• Are there any medications you should be taking but have stopped?
• Do you take any supplements, vitamins, minerals, or herbal products?
• If an investigational study, can you provide the study information?</td>
</tr>
</table>

Medication (continued)			• Chemotherapy such as Carmustine®, Cytoxan®, Leukeran®, Platinol®, and tamoxifen (unless taking for cancer prevention) • Experimental (new) medication/drug • Immunosuppressive medication such as azathioprine (Imuran®), cyclosporine, and Cyclophosphamide (Cytoxan®) • Insulin with brand names such as Apidra®, Novolog®, Humalog®, Humulin®, Levermir®, Lantus®, Toujeo®, Tresiba® • Long-term oral steroids (>3 months) such as prednisone, hydrocortisone (Hydrocortone®), cortisone, dexamethasone (Decadron®), and methylprednisolone (Medrol®) • Methotrexate (Otrexup™, Rasuvo®, Rheumatrex®, Trexall™) for cancer treatment • Medications for treatment program such as Suboxone® or methadone • Narcotics such as codeine, hydrocodone (such as Zohydro ER®), meperidine (Demerol®), morphine, tramadol (such as Ultram®, ConZip®), oxycodone (such as Xtampza ER®, Oxaydo®, Roxicodone®) prescribed for pain control and needed daily or frequently to manage pain • TNF (Tumor Necrosis Factor) blockers such as infliximab (Remicade®), certolizumab pegol (Cimzia®), or adalimumab (Humira®) **Accept if** participating in an investigational study that **does not** involve receipt of an experimental (new) medication **Accept** if taking the following medications: • Allergy medications such as antihistamines or allergy shots • Anastrozole (Arimidex®) if not used for cancer therapy • Antacid or acid reflux medications such as Prilosec®, Nexium®, Tagamet® and Mylanta®, if well-controlled • Anti-anxiety and anti-depression medications, such as diazepam and Prozac®, if well-controlled • Antibiotic or antiviral, if treating current infection that is resolving or for treatment of acne • Birth control pills and implant such as etonogestrel implant (Nexplanon®) • Hypertension medications, if there is no underlying cardiac disease and is well-controlled (continued on next page)	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Medication (continued)			• Medications that have fetal risk (called Category X by the FDA) and which may defer blood donation such as isotretinoin (Amnesteem®, Claravis®, Myorisan®, Absorica®, Zenatane®, Sotret®), finasteride (Proscar®, Propecia®), acitretin (Soriatane®) dutasteride (Avodart®), and etretinate (Tegison®), if underlying condition is acceptable • Monoclonal antibody drugs for migraine and eczema such as erenumab (Aimovig®) for migraine prevention See Monoclonal Antibodies • OTC vitamins, mineral, and herbal products • Prescription eye drops, if underlying condition is acceptable • Thyroid hormone replacement medication (not for cancer), if well-controlled • Topical medications (e.g., for acne) including topical steroids • Zoledronic acid (Zometa®) or pamidronic acid (Aredia®) (if taken for osteoporosis, donor is PBSC-only)	
Meniere's Syndrome	Chronic disorder characterized by recurring attacks of disabling vertigo (a whirling sensation), hearing loss, and tinnitus; possible abnormal immune response	NO	**Accept if** well-controlled for > 3 months **Evaluate** if symptoms in the last 3 months See Implantable Device	**Evaluate:** • When was this diagnosed? • Was a cause identified? • What are your current symptoms, including frequency of symptoms? • Has any testing been done for this? • Are you taking any medications or treatments for this? If yes**,** do the medications keep symptoms under control? • Does this condition impact your ADLs when you are symptomatic? If yes, describe in detail.
Meningitis	Infection of the layers of tissue covering the brain and spinal cord (meninges)	NO	**Accept if** fully recovered for >3 months	
Meningioma	Tumor that arises from meninges (the membranes surrounding brain and spinal cord); most are noncancerous (benign), rarely a meningioma may be cancerous (malignant)	NO	**Accept as marrow-only if** benign and asymptomatic **Inform CM** of **marrow-only and proceed with request** if medically suitable **Defer if:** • Malignant or exhibiting neurological symptoms associated with tumor • Has been surgically removed	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Mental Health Conditions	Disorders with disturbances in thinking, emotion, and behavior; caused by complex interactions between physical, psychological, social, cultural, and hereditary influences. Symptoms may impact donor's ability to follow through with donation process and possible concern donation could exacerbate mental health symptoms **Anxiety Disorders:** Characterized by feelings of worry or fear that are strong enough to interfere with one's daily activities; includes generalized anxiety disorder, panic attacks, obsessive-compulsive disorder, and post-traumatic stress disorder. **Bipolar:** Causes periods of depression and periods of elevated mood; elevated mood is significant and is known as mania or hypomania, depending on its severity, or whether symptoms of psychosis are present; previously known as manic depression *Can be treated with lithium;* **NOTE:** Taking lithium is a PBSC protocol exclusion due to interaction with filgrastim and/or filgrastim similars. **Borderline Personality Disorder (BPD):** Typical features include instability of self-image, personal goals, interpersonal relationships, and affects, accompanies by impulsivity, risk taking and/or hostility **Depression:** Known as major depression or major depressive disorder; severe enough to interfere with daily life; classified as a mood disorder and typically involves chemical imbalances in the brain **Panic Attacks:** Sudden episodes of intense fear that prompts severe physical reactions in the person's body (continued on next page)	NO	**Evaluate** current mental health status such as frequency and intensity of symptoms: • Daily functioning • Ability to keep appointments • Need for medication and/or therapy • Past hospitalizations and support system. Assess potential for donation process to exacerbate symptoms. **Accept if** ≥12 months from inpatient treatment **and/or** well-controlled with medication and/or therapy **Consult with medical staff and NMDP social worker if:** • <12 months from inpatient treatment • <12 months since suicide attempt • New or changes in psychiatric medication in the last month • Active symptoms that disrupt daily activities and/or responsibilities • Donor is applying for/receiving SSI/SSDI for mental health condition • Donor diagnosed with schizophrenia/schizoaffective disorder • Donor is being treated with any of the following: ketamine, psilocybin **Lithium is a PBSC protocol exclusion due to interaction with filgrastim and/or filgrastim similars** **Inform CM if marrow-only and proceed with request** **Defer if** currently on SSI/SSDI other than military disability See AID-00048, *Assessing Non-Medical Factors Affecting Donor Suitability*	**Evaluate:** • What types of symptoms do you experience? Do you have a sense of what causes them? • How often and what is the duration of your symptoms? • Are you receiving treatment for mental health conditions? If yes, describe. • What helps improve your symptoms? • Does your diagnosis impact your day-to-day life? • How often do you see your counselor and/or psychiatrist? • Have you visited the ER or had any inpatient stays in the past 12 months for your mental health? • Based on what you know about donation, any concerns about your ability to meet donation requirements, keep appts, etc.? • Any concerns about the donation process exacerbating your symptoms or making things worse? **If there are concerns during communication with the donor, include when consulting medical staff and NMDP social worker.**

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Mental Health Conditions (continued)	**Post Traumatic Stress Disorder (PTSD):** Persistent re-experiencing of a traumatic event **Schizophrenia:** Experience mistaken beliefs that are not impacted by reason/evidence, often of a paranoid nature (delusions) and/or they may see/hear things that others do not (hallucinations) Often requires lifelong treatment.			
MGUS See Monoclonal Gammopathy				
Microblading/cosmetic tattooing See Tattoos				
Migraine Headache See Headache				
Monoclonal Antibodies	Antibodies engineered to serve as substitute antibodies; used in diagnostics, therapeutics, and targeted drug delivery systems for infectious diseases caused by bacteria, viruses, and protozoa as well as cancer, metabolic, and hormonal disorders	NO	**Consult with medical staff** on case-by-case basis considering the drug's actions and interactions and if it's known to act on stem cells or cause significant immunosuppression	**Evaluate:** • What is the drug name and dosage? • What condition is being treated with the monoclonal antibody drug? • How long have you been receiving it? • How frequently do you take it? • Any significant adverse effects from drug? • What is the severity of the underlying issue when not the taking drug?
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**	
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** >6 months from recovery **Evaluate** recovery status **if** ≤6 months from diagnosis **TU** for 6 months from diagnosis or today's date if not fully recovered or had jaundice with infection See Epstein Barr Virus if applicable	**Evaluate** • When were you diagnosed? • Did you have jaundice? • Did you receive any treatment? • Any ongoing care or follow-up?

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Morphea	Skin disorder due to unknown cause that leads to development of skin plaques; condition is NOT contagious	NO	**Accept if:** • Not currently active/severe • **AND** no other systemic issues • **AND** not affecting collection sites See Scleroderma, if applicable	
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 **Evaluate if** recent infection with the past month **Defer if** history of recurrent symptomatic infections	**Evaluate:** • When was the last infection? • How many infections have you had? • Was your diagnosis methicillin-resistant or methicillin-sensitive Staphylococcus aureus?
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 and proceed with request** See Genetic Condition	
Multiple Sclerosis	Disorder with patches of myelin and underlying nerve fibers in eyes, brain, and spinal cord that are damaged or destroyed	NO	**Defer**	
Muscular Dystrophy	Group of inherited muscle disorders that lead to muscle weakness of varying severity	NO	**Defer**	
Myasthenia Gravis	Autoimmune disorder in which communication between nerves and muscles is impaired, resulting in episodes of muscle weakness	NO	**Defer**	
Mycosis fungoides/ Cutaneous T cell lymphoma	Most common type of cutaneous T cell lymphoma; generally, affects skin, but may progress internally over time; symptoms include rash, tumors, skin lesions, and itchy skin.	NO	**Defer** See Cancer	
Narcolepsy	Sleep disorder marked by recurring, uncontrollable episodes of sleep during normal waking hours	NO	**Accept**, if well controlled	
Neck Problems	See Back/Neck/Spine Problems			
Needle Stick	See Blood or Body Fluid Exposure			

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Neurogenic Syncope	Neurocardiogenic syncope, also known as vasovagal neurocardiogenic syncope, is a fainting spell that occurs when the body overreacts to certain triggers, like intense emotion, the sight of blood, extreme heat, dehydration, an extended period of standing or intense pain.	NO	See Fainting	
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**	
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	**Consult with medical staff if** history of nerve injury causing symptoms **Defer if** result of systemic disorder such as with diabetes	**Evaluate:** • Where is the numbness? • Describe your symptoms. • Duration and frequency of symptoms? • Do you know what caused the numbness? • Any current treatment? • Any ongoing care or follow-up?
Nonalcoholic Steatohepatitis (NASH)	Resembles alcoholic liver disease, but occurs with little or no alcohol use; fat seen in liver along with liver damage	NO	**Defer** if diagnosed with nonalcoholic steatohepatitis (NASH) via biopsy See Fatty Liver	
Obesity Hypoventilation Syndrome (OHS)	Breathing condition that affects some people who have been diagnosed with obesity; causes too much carbon dioxide and too little oxygen in blood; may feel sleepy or sluggish during the day. Also known as Pickwickian syndrome	NO	See Sleep Apnea	
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 **Consult medical staff if** not fully recovered **Defer if** less than normal function in remaining organ See Kidney, Kidney Removal/Single Kidney, if applicable	**Evaluate:** • What and when was your donation? • What are your current symptoms? • Are you currently under the care of a physician? • Are you currently needing any treatment? If yes, what and for how long?
Organ Recipient	See Transplant Recipient			
Osgood-Schlatter Disease	Overuse syndrome with pain over bony prominence of upper shinbone just below kneecap; occurs in adolescence	NO	**Accept if** fully recovered	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Osteoporosis/ Osteopenia	**Osteopenia:** Decreasing calcification or density of bone; placing a person at risk for osteoporosis; may be treated with bone replacement medications to prevent bone loss **Osteoporosis:** A progressive decrease in bone density weakening the bones, making fractures likely	NO	**Accept if** osteopenia **Accept as** PBSC-only **if:** • Diagnosed with osteoporosis with no history of fractures secondary to osteoporosis, no ongoing pain, or limitations to ADLs. Ensure donor can tolerate sitting for PBSC collection. • Takes bone modifying agents such as zoledronic acid (Zometa®) or pamidronic acid (Aredia®) for osteopenia **Inform CM if PBSC-only and proceed with request if medically suitable**	
Pain	**Pain** is a signal in the nervous system that something may be wrong. It is an unpleasant feeling, such as a prick, tingle, sting, burn, or ache. Pain may be sharp or dull. It may come and go, or it may be constant. **Acute pain** usually comes suddenly and is caused by something specific. It is sharp in quality. Acute pain usually doesn't last longer than six months. It goes away when there is no longer an underlying cause for the pain. **Chronic pain** is ongoing and usually lasts longer than six months. This type of pain can continue even after the injury or illness that caused it has healed or gone away. Pain signals remain active in the nervous system for weeks, months, or years. Some people suffer chronic pain even when there is no past injury or apparent body damage. **Pain caused by tissue damage:** When the body's tissues are injured. The injury can be to bone, soft tissue, or organs. Pain felt may be an ache, a sharp stabbing, or a throbbing. It can come and go, or it can be constant. It can be caused by tissue damage or arthritis or chronic headaches. (continued on next page)	NO	**Mankoski Pain Scale ratings and descriptions** The Mankoski Pain Scale ratings and descriptions are as follows: • 0: Pain free • 1: Very minor annoyance – occasional minor twinges. No medication needed. • 2: Minor annoyance – occasional strong twinges. No medication needed. • 3: Annoying enough to be distracting. Mild painkillers are effective (aspirin, ibuprofen) • 4: Can be ignored if one is really involved in their work, but still distracting. Mild painkillers relieve pain for 3-4 hours. • 5: Can't be ignored for more than 30 minutes. Mild painkillers reduce pain for 3-4 hours. • 6: Can't be ignored for any length of time, but one can still go to work and participate in social activities. Stronger painkillers (codeine, acetaminophen-hydrocodone) reduce pain for 3-4 hours. • 7: Makes it difficult to concentrate, interferes with sleep. One can still function with effort. Stronger painkillers are only partially effective. Strongest painkillers relieve pain (extended-release form of oxycodone, morphine) • 8: Physical activity severely limited. One can read and converse with effort. Nausea and dizziness set in as factors of pain. Strongest painkillers reduce pain for 3-4 hours. (continued on next page)	**Evaluate:** **Both past and current pain** **Location:** Where is the concern located? **Intensity:** • What are the symptoms (when it began and currently)? • What is the pain rating using the Mankoski pain scale? • Frequency (e.g., daily, weekly)? • Triggers (e.g., sitting, activity)? **Onset Duration:** • When did back, neck, spine problems begin? • Was a cause identified (e.g., injury, congenital)? **Evaluation:** Any testing or medical assessment? **Treatment:** What treats this (e.g., medications, surgery, chiropractor/PT) and how often? **Limitations:** • What is your current status? • Are you able to sit for several hours? • Effects/restrictions on daily activity? • Current disability? • Is your profession physically demanding?

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Pain (continued)	**Pain caused by nerve damage:** Nerves work like electric cables sending signals (including pain signals) to and from the brain. Damage to nerves can interfere with the way those signals are sent. That can cause pain signals that don't work the way they are supposed to. For instance, one may feel like their hand is burning, even though there is no heat.		• 9: Unable to speak. Crying out or moaning uncontrollably – near delirium. Strongest painkillers are only partially effective. • 10: Unconscious. Pain makes one pass out. Strongest painkillers are only partially effective.	
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 of abnormal pap **Consult with medical staff** if currently receiving treatment	**Evaluate** • What is the current diagnosis? • What is the current treatment? • What is the length of treatment? • Any ongoing follow-up?
Paraplegia	Paralysis and loss of function below the waist caused by spinal cord injury of the thoracic or lumbar area	NO	**Consult with medical staff** as PBSC-only current health status and underlying injury **Inform CM if PBSC-only and proceed with request if medically suitable**	
Pars Planitis	A disease of the eye that is characterized by inflammation of the narrowed area (para plana) between the colored part of the eye (iris) and the Choroid; an idiopathic chronic intermediate uveitis similar to uveitis	NO	**Accept** as marrow only **Inform CM of Marrow only and proceed with request if medically suitable** See Eye Disease	
Parkinson's	Slow progressive degenerative disorder of nervous system	NO	**Defer**	
Parvovirus	Common highly contagious infection spread through respiratory secretions; in some pregnant females can lead to serious health problems for fetus; known as Fifth disease with rash and swollen joints; may cause severe anemia	NO	**Accept if** fully recovered >1 month	
Pectus Excavatum (PEX)	Pectus excavatum is a congenital chest wall deformity that is caused by growth abnormality of the cartilage that connects the ribs to the breastbone (sternum). This causes a depression of the sternum, and the chest has a sunken in or funnel chest appearance	NO	**Accept if** no cardiac symptoms, shortness of breath, fatigue, decreased stamina and if not associated with a condition related to pectus excavatum such as Marfan's syndrome, Ehlers-Danlos syndrome, and Noonan syndrome.	
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**	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Perthes Disease	Osteonecrosis (“bone death”) of hip joint seen in children; also called Legg–Calvé–Perthes or Legg-Perthes disease	NO	**Defer**	
Piercing	Piercing in locations on the body (including ears, navel, eyebrows, tongue, etc.); if shared nonsterile needles/instruments were used, can increase exposure to infectious diseases such as HIV/hepatitis	**YES**	**Accept if:** • >12 months since piercing • ≤12 months from piercing and sterile single use needles/instruments were used **Evaluate** for signs/symptoms of possible infection if ≤12 months from piercing and shared or non-sterile single use needles/instruments were used **RCDAD RISK if in the past 12 months, received an ear, skin, or body piercing using shared/nonsterile instruments or needles** **Inform CM and proceed with request if medically suitable**	
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	
Pityriasis lichenoides	An uncommon disease of the skin that can present in three different forms: pityriasis lichenoides et varioliformis acuta (PLEVA), pityriasis lichenoides chronica (PLC), and febrile ulceronecrotic Mucha-Habermann disease (FUMHD); skin condition characterized by small, raised pink spots that tend to come together in groups; not contagious.	NO	**Accept** as marrow only if fully recovered **Defer if** chronic or treated with methotrexate **Inform CM of diagnosis and marrow only**	
Pneumonia	Infection of the small air sacs of the lungs (alveoli) and the tissues around them	NO	**Accept if** fully recovered for >1 month **Consult with medical staff** if current symptoms and treatment status	**Evaluate:** • When were you diagnosed? • Any current symptoms? • Any current treatment? • What is the length of treatment? • When is your next follow-up visit?

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
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	**Accept** as PBSC/marrow **if** underlying cause was trauma and fully recovered if >3 months **Evaluate** as PBSC-only **if** fully recovered if > 3 months and • History of any spontaneous pneumothorax • Surgical removal of part/full lung as part of treatment	
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 >6 months from diagnosis **Consult with medical staff if** ≤6 months from diagnosis	**Evaluate:** • When were you diagnosed? • What are your current symptoms? • Any treatment? How long? How is treatment working? • When is your next follow-up visit?
Polycythemia, secondary	Condition when number of red blood cells (RBCs) is increased because of an underlying condition; most often develops as a response to chronic hypoxemia; most common causes include obstructive sleep apnea, obesity hypoventilation syndrome, and chronic obstructive pulmonary disease (COPD)	NO	**Consult with medical staff if:** • Underlying condition • Smoking status (i.e., whether donor currently smokes) • Diagnosis of sleep apnea, obesity hypoventilation syndrome or COPD **Defer if** no underlying cause found/idiopathic See Sleep Apnea, COPD, Obesity Hypoventilation Syndrome	**Evaluate:** • Was an underlying condition or cause identified? • Do you smoke? • Any diagnosis of sleep apnea, obesity hypoventilation syndrome, or COPD? • Provide last CBC, if available. • Do you live at a high elevation, or have you traveled recently to a high elevation?
Polycythemia, Vera	Rare blood disease in which the body makes too many red blood cells, making the blood thicker than normal and causing blood clots.	NO	**Defer**	
Polymyalgia Rheumatica	Inflammatory arthritic condition with severe pain and stiffness in muscles of neck, shoulders, and hips; cause is unknown	NO	**Defer**	
Polymyositis	Uncommon connective tissue disease characterized by muscle inflammation and weakness; autoimmune	NO	**Defer**	
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 See Cancer, if applicable	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
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 if** currently symptomatic or autoimmune in nature **Consult with medical staff if diagnosed and no symptoms**	**Evaluate** • When were you diagnosed, and by whom? • Did the provider give cause for POTS? • Do you see a cardiologist? If yes, when was last visit? • Any current symptoms such as lightheadedness, fainting, rapid heartbeat (all resolved when lying down), brain fog? • Have you been told your POTS is considered autoimmune? • When did you last have symptoms? • Any current treatment? • Any restrictions to ADLs?
Pregnancy Conditions	**Pregnancy:** Female's body providing environment in which a fertilized egg can develop into fetus/infant **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. **Ectopic Pregnancy:** Occurs when a fertilized egg implants and grows outside the main cavity of the uterus; most common location is in a fallopian tube. **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. **Abortion:** Abortion is the termination of a pregnancy by removal or expulsion of an embryo or fetus. **In Vitro Fertilization (IVF):** A type of fertility treatment where eggs are combined with sperm outside of the body in a lab.	NO	**Accept if:** • 12 weeks postpartum and fully recovered, released by OB • Fully recovered from miscarriage, abortion, or ectopic pregnancy • Successfully treated after molar pregnancy and released from OB's care **Consult with medical staff if:** • Treatment of Methotrexate for pregnancy loss • Any underlying medical condition causing miscarriage(s), if known (such as Anticardiolipin Syndrome or Antiphospholipid Syndrome) **TU** for 12 months if undergoing IVF or currently trying to conceive **Defer** following molar pregnancy **AND** diagnosed with choriocarcinoma For questions about conception following receipt of filgrastim and/or filgrastim similars, see page 3 See Breastfeeding	**Evaluate:** • What was the outcome of your pregnancy (normal vaginal delivery, C-section, miscarriage/abortion)? • Are you fully released from your physician's care? • Did you have any complications with this pregnancy? If so, explain. • Has the complication resolved following the pregnancy? • Did this complication result in a diagnosis of a medical condition? • Are you on any medications/or treatment? • **Miscarriage only:** Was there any underlying medical condition causing miscarriage(s), if known (such as Anticardiolipin Syndrome or Antiphospholipid Syndrome)?

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Primary Biliary Cholangitis	A chronic disease in which the small bile ducts in the liver become injured and inflamed and are eventually destroyed. When there are no bile ducts, bile builds up and causes liver damage.	NO	**Defer**	
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	
Protein C Deficiency	Genetic disorder of blood clotting; increased risk of developing blood clots	NO	**Defer**	
Protein S Deficiency	Genetic disorder of blood clotting; increased risk of developing blood clots	NO	**Defer**	
Prothrombin Gene Mutation	Second most common cause of inherited thrombophilia in US; caused by mutation in gene for blood clotting protein called prothrombin or Factor 2 mutation; increased risk of developing blood clots	NO	**Evaluate** if family history and donor has not been tested **Defer** if has mutation or unwilling/unable to be tested	
Prostate, Enlarged (Benign Prostastatic Hyperplasia)	Noncancerous (benign) enlargement of the prostate gland that can make urination difficult; also called BPH	NO	**Accept**	
Pseudocholinesterase deficiency	A condition that causes increased sensitivity to certain muscle relaxant drugs used during general anesthesia (choline esters).	NO	**Accept** for PBSC-only **if donor has** Pseudocholinesterase deficiency or if a first degree relative (parent/sibling/child) has this condition **Inform CM of PBSC-only and proceed with request if medically suitable** See Malignant Hyperthermia	
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	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
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** for both products **if** mild (has small, isolated patches and does not require oral medication and no involvement near collection site) **Inform CM of any form of psoriasis diagnosis** **Evaluate** as marrow-only **if** moderate (requires oral medication or skin involved is near collection site) **Inform CM of any form of psoriasis diagnosis and if marrow-only; proceed with request if medically suitable** **Defer if:** • Diagnosed with Para Psoriasis • Requires treatment with tumor necrosis factor (TNF) blocker medication such as infliximab (Remicade®), certolizumab pegol (Cimzia®) or adalimumab (Humira®) or guselkumab (TREMFYA®) **Consult with medical staff if** donor is on a medication not mentioned above. See Arthritis, Psoriatic, if applicable	**Evaluate:** • Where is the rash located? • What is the name of the medication? • How long have you been on medication? • How has the medication helped the rash? • Is the rash located in any collection areas? • Any ongoing care or follow-up?
Pulmonary Embolism	Sudden blocking of an artery of the lung (pulmonary artery) by an embolus – usually a blood clot (thrombus)	NO	**Defer** for **ANY** history of pulmonary embolism See Blood Clot if applicable	
Quadriplegia	Paralysis and loss of sensation generally from neck down following injury to spine at cervical level	NO	**Defer**	
Rabies	Viral infection of the brain that is transmitted by animals and causes inflammation of the brain and spinal cord	NO	**Accept if** >12 months from exposure **Consult with Medical staff if** ≤12 months of diagnosis or rabies vaccine **Inform CM of diagnosis, vaccine dates and proceed with request if ≤12 months since rabies vaccine and medically suitable**	**Evaluate:** • When were you exposed? • Do you know what bit you and where were you bitten? • Any symptoms (lack of appetite, sore throat, headache, nausea, weakness in arms or legs, painful or tingling skin)? • Have you started/finished the Rabies vaccine series (typically given on day 0, 3, 7, 14)? • Are you fully recovered? Any ongoing treatment or follow-up?

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
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; can be autoimmune in nature **Idiopathic Raynaud's disease:** Underlying cause unknown **Raynaud's phenomenon/syndrome** has an underlying causative disorder/trauma such as scleroderma, lupus, rheumatoid arthritis, drug side effects, extreme cold exposure	NO	**Accept if** cold induced and mild (defined as not requiring medication) **Proceed** as marrow-only **if** moderate-to-severe (defined as requiring medication) and/or concurrent with other disorder, status as appropriate **Inform CM of diagnosis and if marrow only and proceed with request if medically suitable**	
Reactive Airway Disease See Asthma				
Red cell antibody or antigen	Antibodies that can cause problems during blood transfusions or fetus; antigen proteins serve a variety of functions within the cell membrane of red blood cells; include the Kell antigen and the Rh antigen	NO	**Accept if** *RBC antibody* **Inform CM and proceed with request if medically suitable** **Consult with medical staff if** *red cell antigen* **Inform CM and proceed with request if medically suitable**	**Evaluate:** • Clarify whether antigen or antibody. • If antigen, what is it?
Reflex Sympathetic Dystrophy Syndrome (RSDS) See Complex Regional Pain Syndrome				
Reiter's Syndrome See Arthritis, Reactive				
Restless Leg Syndrome	Neurological disorder characterized by unpleasant sensations in the legs and an uncontrollable urge to move when at rest 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 and no cardiac involvement **Consult with medical staff if cardiac involvement** See Heart Disease, Valve Disease/Murmurs if heart involvement	**Evaluate:** • Do you require any treatment? If yes, explain. • Are you under the care of a cardiologist? • Do you currently have any symptoms? • What is your current cardiac status? • Have you been told you have Rheumatic heart disease? • Do you have myocarditis, congestive heart disease, any arrhythmia, or valve disease?

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Rhabdomyolysis	Serious syndrome due to muscle injury; results from death of muscle fibers through trauma, disease, or drugs; can lead to serious complications without proper treatment	NO	**Accept if** fully recovered with no residual problems **Consult medical staff** if donor has any residual problems	**Evaluate:** • What was the cause (e.g., dehydration, medication, trauma)? • Any pain, sensation of pins and needles, or weakness in affected area? • Any concerns with kidney or heart? If yes, explain.
Rosacea	Persistent skin disorder, usually on the face; cause is unknown	NO	**Accept**	
Root Canal	See Dental Surgery			
Sarcoidosis	Abnormal collections of inflammatory cells (granulomas) form in many organs of the body; cause is unknown	NO	**Defer**	
Sciatica	See Back/Neck/Spine Problems			
Scheuermann's kyphosis/disease	A condition affecting the upper back. It makes the upper back rounded, so it looks hunched over.	NO	See Scoliosis	
Scleroderma	Group of rare, progressive diseases that involve the hardening and tightening of the skin and connective tissues	NO	**Defer** See Morphea, if applicable	
Scoliosis	See Back/Neck Problems			
Seizure	See Epilepsy	NO	**If no diagnosis of epilepsy, evaluate underlying cause of seizures** **Accept if** well-controlled with no seizures within past 6 months **Consult with medical staff if donor** had 1 or more seizures in the past 6 months **Defer if** uncontrolled and/or poorly controlled seizure activity	**Evaluate** • What is the frequency, duration, and last occurrence? • Was a cause or diagnosis given? • Are you seeing a neurologist? • When was your last visit? How often is follow-up? • When and what tests did you have done? • Any current treatment? • Are you currently restricted from driving?

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Self-injected Drugs	Method to inject medications into body; can be IV (in the veins), 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**	**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 > (greater than) 5 years ago **Consult with medical staff if:** • Reports use of IV drugs in past 5 years • If currently using **non-prescribed**, **self-injected drugs** **RCDAD RISK is 5 years from last exposure** **Inform CM of use of non-prescribed, self-injected drugs in the past 5 years and proceed with request if medically suitable** See AID-00048, *Assessing Non-Medical Factors Affecting Donor Suitability* See Drug Use, Non-prescribed Medications	**Evaluate:** • What is being injected? Include frequency and last use. • Any underlying medical condition requiring prescribed injected medications? • Any concerns for follow-through in the donation process such ability to keep appointments? • Any impact of non-prescribed drug use on overall physical health, or presence of secondary health issues caused by this drug use? • Any sign/symptoms of possible infection with HIV/hepatitis or other infectious disease transmitted by IV use? • Are you currently self-injecting any non-prescribed vitamins or performance enhancing drugs? If yes, which drug(s)?
Sepsis	Clinical syndrome that has physiologic, biologic, and biochemical abnormalities caused by a dysregulated host response to infection; can lead to multiple organ dysfunction syndrome and death.	NO	**Accept if** fully recovered > 2 years from infection, without residual effects of complications **Consult with medical staff if** history of sepsis within past 2 years or still on medications	**Evaluate:** • When was the onset of sepsis? • Was a cause identified? • What treatment did you receive? • Are you currently being treated? • Any lasting symptoms or complications?
Sexual Reassignment Surgery	Transitioning to a different gender through surgical alteration of the body	NO	**Accept if:** • Fully recovered from surgery or • Taking associated medications for transition **NOTE:** Donor is to be entered in database as sex assigned at birth. Document in the file if donor identifies differently. See Transgender	
Sexually Transmitted Infection (STI)	Infectious disease transmitted through sexual contact; examples include syphilis, gonorrhea, genital warts, herpes, HPV, Chlamydia, Candida, HIV, and hepatitis	**YES**	**Accept if** current diagnosis/treatment or history of herpes, genital warts, Chlamydia, or Candida **RCDAD RISK** See HIV, HTLV I/II, Hepatitis, Syphilis if applicable See Gonorrhea or Human Papilloma Virus (HPV) if applicable	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Shingles See Herpes Zoster				
Shoulder repair/injury	Surgical repair to shoulder area; includes labrum tear, rotator cuff surgery, or joint replacement	NO	**Accept for PBSC/marrow if** fully recovered **Evaluate** for both or one product for recovery status if not fully recovered See also Joint Replacement	**Evaluate:** **Note which shoulder** • Current pain level? • Any impact to range of motion (can you place arms above your head)? • Any current treatment? • Any future required surgery needed/expected?
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 **Anemia:** Has two genes for the disease, one from each parent; usually shows some symptoms after age 4 months; ranges from mild symptoms to severe; also known as sickle cell disease (SCD) **Trait:** Has one gene for the disease; does not develop disease; usually has no symptoms; affects about 1 in 12 African Americans	NO	**Accept as** marrow-only or MNC(A) **if** has sickle cell trait **Inform CM of sickle cell trait and marrow-only and proceed with request** Sickle cell trait is PBSC protocol exclusion. Acceptable for TC to request Hemoglobin Electrophoresis to confirm sickle trait. **Defer if** has Sickle Cell Anemia	
Sjogren's Syndrome	Disorder characterized by excessive dryness of eyes, mouth, and other mucous membranes; considered autoimmune	NO	**Defer**	
Skin Piercing See Piercing				

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
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 **NOTE: Criteria for sleep apnea applied also to diagnosis of Obesity Hypoventilation Syndrome (OHS) or Pickwickian Syndrome**	NO	**Accept if:** • History of condition and successfully treated (for example, by weight loss or surgery; this includes those who did not have follow-up sleep study, but report improved clinical status such as improved sleeping) • Suspected of having condition ("loud snoring") but no formal diagnosis through sleep study and no pending evaluation or sleep study **Accept** as PBSC-only **if**: • Diagnosed with this condition by physician (not "self-diagnosed") **AND/OR** • Requires CPAP or BiPAP or a dental device **AND/OR** • Diagnosed but chooses not to comply with prescribed treatment **Inform CM of PBSC-only and proceed with request**	
Sleep Paralysis	Complete inability to move for 1-2 minutes immediately after awakening; may also occur just before falling asleep; major cause is sleep deprivation	NO	Accept if well-controlled See Narcolepsy	
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 See Vaccine, Routine or Travel **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.	
Spina Bifida	Condition when bones of the spine (vertebrae) do not form normally in utero; can vary in severity	NO	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	
Spinal Meningitis	See Meningitis			
Spinal Problems	See Back/Neck/Spine Problems			

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Spleen/Splenectomy	Surgical removal of spleen required either by disease or injury; receipt of filgrastim and/or filgrastim similars can cause enlargement of the spleen	NO	**Accept if** spleen was removed due to injury and fully recovered **Accept** as marrow-only **if** past surgery on spleen and spleen was not removed **Consult with medical staff** as possible marrow-only if: • Any surgery involving the spleen due to disease and fully recovered • Any history of enlarged spleen • Past injury to spleen and spleen was not removed **Inform CM if marrow-only and proceed with request**	
Stevens-Johnson Syndrome	Serious immune-mediated hypersensitivity complex that typically involves the skin and the mucous membranes	NO	**Defer**	
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 Transient Ischemic Attacks (TIA), if applicable	
Subdural Hematoma	Serious medical condition when blood gathers within the outer protective covering of brain; usually because of trauma	NO	See Brain or Head Injury	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Substance Use, Non-prescribed medication and/or illegal drug use	Use of medications not prescribed by physician 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 **Substance Use Disorder:** A problematic pattern with alcohol or other concerning substances, which causes clinically significant impairment or distress. **Concerning Substances:** • Alcohol • Cocaine • Heroin • Fentanyl • Kratom • MDMA/Ecstasy • Methamphetamine • Marijuana, THC, cannabis • Psilocybin/mushrooms • Unprescribed opioids **NOTE**: Substances listed above are not reason for automatic deferral. Donors should be counseled not to attend appointments under the influence. AC/CC may have their own policy. For purposes of this Tool, this does **not** include caffeine, tobacco, or CBD.	**YES**	**Accept if:** • Medication is OTC or prescribed, if underlying condition requiring treatment is medically suitable; refer to specific condition if listed • >6 months from completion of successful treatment **Evaluate** if: • ≤6 months since completion of treatment • Any underlying physical ailments that may impact donor safety • Ability of donor to follow-through with donation process **Consult NMDP social worker/medical staff if:** • Currently in treatment for substance use • Substance use impacts day to day functioning and/or responsibilities • ≤6 months since completion of treatment • Any underlying physical ailments that may impact donor safety • Concerns related to ability of donor to follow-through with donation process **Defer if** taking methadone or Suboxone® as part of treatment program See Self-Injected Drugs if applicable AID-00048, *Assessing Non-Medical Factors Affecting Donor Suitability*	**Evaluate:** • Medication/drug used? • Signs/symptoms of infection (if needle use)? • How often do you drink alcohol or use substances? • Does your drinking or substance use affect your ability to get to work, school, or appointments? How about relationships? • Have you participated in any treatment programs? • Have you ever experienced withdrawal symptoms? • Have you ever been to the ER or hospitalized related to alcohol or substance use? • Do you feel you have a good understanding of what makes you want to drink or use substances? • Are you able to participate in regular appointments (e.g., work, etc.)? • What is the impact of drug use on your overall physical health?
Surgery	Invasive procedures with the purpose to either treat or diagnose a disease	NO	**Consult medical staff** if not fully recovered See Hospitalization if applicable, or specific condition that required surgery, if listed See Hip Conditions, Joint Replacement Surgery if applicable	**Evaluate:** • When and what surgery did you have? • What was the underlying condition/reason for the surgery? • What stage of recovery are you in? • Do you have any restrictions post-surgery? • Have you been released from your surgeon? If no, when is the next follow-up? • Any upcoming surgery scheduled?

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Syncope See Fainting				
Syphilis	Sexually transmitted disease caused by a bacterium (*Treponema pallidum)*; curable if treated in early stages	**YES**	**Accept if:** • Successfully treated or currently receiving treatment • Reports any past positive screening test results **RCDAD RISK is indefinite** **Inform CM of disease/testing history proceed with request**	
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 ***Microblading*:** tattooing technique using small handheld tool made of several tiny needles to add semi-permanent pigment to the skin	**YES**	**Accept if** received tattoo >12 months includes microblading, any cosmetic tattoo, permanent make-up application **no matter where the procedure was performed** **Evaluate** for signs/symptoms of possible infection if received tattoo <12 months: • Tattoo should be fully healed before donating • Tattoos should not be applied 2 weeks before or 2 weeks post donation **RCDAD RISK is 12 months from exposure date** **Inform CM and proceed with request if medically suitable**	
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**	
Tendon Replacement See Transplant Recipient				
Tendonitis/Bursitis	**Tendonitis:** Inflammation of the tendon which attach muscles to the bone; usually caused by overuse **Bursitis:** 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 medication **Consult with medical staff if:** • Currently experiencing moderate or severe symptoms • Inflammation is in an area that might affect marrow or PBSC collections	**Evaluate:** • What symptoms are you experiencing? • Where is the pain located? • What is your current pain level and frequency and how are you relieving it? • Any ongoing medical follow-up?
Tetralogy of Fallot See Heart Surgery, Tetralogy of Fallot Repair				
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**	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions

Thalassemia Minor/ Trait
(Alpha or Beta)
	Minor: Hereditary anemia but the lack of alpha protein is not usually great enough to cause symptomatic anemia
	
	Trait: 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	**Accept if** thalassemia trait with normal hemoglobin and asymptomatic
			
			Consult with medical staff if thalassemia trait status of anemia
			
			Inform CM of condition and proceed with request if medically suitable
				Evaluate:
				• Have you ever been told you have Thalassemia minor or trait?
				• Do you have any signs of anemia such as shortness of breath, lightheadedness, fatigue, pale or yellowish skin tone, chest pain or fast heart, cold hands, or feet?
				• Are your hemoglobin/hematocrit within normal range? If not, what does it run?
				
				Reference range may vary based on lab range, NIH lab ranges:
				• Hemoglobin:
				  ○ Male:13.5-17.5g/dL
				  ○ Female: 12-16 g/dL
				• Hematocrit:
				  ○ Male 41-53%
				  ○ Female 36-46%

Thoracic Outlet Syndrome	Group of disorders where blood vessels or nerves in space between collarbone and first rib (thoracic outlet) are compressed; causes shoulder and neck pain and numbness in fingers; caused by trauma, repetitive injuries, or pregnancy	NO	**Evaluate if** stable with minimal symptoms that do not impact ADLs. See probing questions for history of condition. **Defer** if moderate symptoms which interfere with ADL	**Evaluate:** • What are your current symptoms? • Have the symptoms worsened? If so, how and when? • Are you being treated? How? • Have you had a clot because of having TOS? If yes, how many times? • Have you ever been on blood thinners? Are you on them now?

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
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/or filgrastim similars and apheresis collection can reduce platelet production/count	NO	**Accept if platelets are >/= 150 x 10^9** **Consult with medical staff for** underlying condition or medication causing mild thrombocytopenia, defined as platelet count **<150 x 10^9** **Inform CM of marrow-only and proceed with request if** medically suitable; baseline platelet count of **<150 x 10^9** is PBSC protocol exclusion See Idiopathic Thrombocytopenia Purpura, if applicable	**Evaluate:** • When was your last platelet count taken? What was it? • Have you ever been told you have low platelets or thrombocytopenia? • Do you bruise easily or have symptoms such as frequent nose bleeds? • Were you diagnosed with any condition related to low platelets? • Are you currently seeing or have you been seen by a specialist? • Any recent blood or platelet donations?
Thrombocytosis	Increased number of thrombocytes (platelets) in the blood, cause can be determined, illness, infection, etc.	NO	**Consult with medical staff** See Essential Thrombocytosis/Thrombocythemia and Polycythemia Vera	**Evaluate** • When was your last platelet count taken? What was it? • Were you diagnosed with any condition related to elevated platelets? • Any iron deficiency? • Any recent infection? • History of splenectomy? • Have you ever been told you have elevated platelets or Essential Thrombocytosis/Thrombocythemia? • Are you currently seeing or have you been seen by a specialist?
Essential Thrombocytosis/ Thrombocythemia	Disorder of increased number of thrombocytes (platelets) in the blood	NO	**Defer** See Polycythemia Vera, Thrombocytosis	
Thrombophlebitis	Condition in which a blood clot in a vein causes inflammation and pain **Superficial thrombophlebitis:** Inflammatory condition of veins due to blood clot just below the skin's surface; usually occurs in legs, but it can occasionally occur in arms and neck	NO	**Accept if** superficial thrombophlebitis and fully recovered See Blood Clot, Deep Vein Thrombosis if applicable	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Thyroid Disorders *Hyperthyroidism*	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	**Accept** as PBSC/marrow **if:** • >6 months from diagnosis/treatment, including any treatment with radioactive iodine **AND** • Well-controlled for >3 months on thyroid replacement **AND** • Not on medications to control heart rate **Inform CM of diagnosis and proceed with request** See Graves' Disease if applicable	
Thyroid Disorders *Hypothyroidism*	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 conditions including Hashimoto's thyroiditis, congenital birth defects, surgical removal of the gland, or inflammatory conditions.	NO	**Accept if:** • Well-controlled for ≥3 months on thyroid replacement **AND** • >6 months from diagnosis • Borderline/subclinical and being monitored **Inform CM of diagnosis and proceed with request** See Hashimoto's Thyroiditis if applicable	
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; OK to proceed if tic movements would not interfere with donor's ability donate.	**Evaluate:** • What are the tic movements you experience? • Can you sit comfortably for a 4-6 hour collection? • What are the triggers? • Have you ever donated blood comfortably?
Toxoplasmosis	Infection caused by a parasite (*Toxoplasma gondii);* present worldwide; infects people and animals	NO	**Evaluate if** history of positive test **Inform CM of past infection and proceed with request** **Defer if** chronic infection	**Evaluate** • What testing was completed? • What are your current symptoms?
Transfusion-related acute lung injury (TRALI)	Serious respiratory complication of transfusion; can be from any type of blood component; symptoms can include shortness of breath, fever, and low blood pressure.	NO	**Accept if donor** was informed of having HLA antibodies **Inform CM of HLA antibodies and proceed with request** **Defer if:** • Has never had a transfusion and has been told they have triggered TRALI in a patient • Received a transfusion causing TRALI	
Transgender	Identifies with or expresses a gender identity that differs from the one which corresponds to the person's sex at birth	NO	**Accept** **NOTE:** Enter in Registry as person's sex at birth. See Sexual Reassignment Surgery if applicable	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
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 applicable	
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, saphenous veins, dura mater, or corneas OR • **Animal organs/tissues** (xenotransplant*) used for treatment of various medical diseases or injuries FDA defines xenotransplant 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 (i.e., that which takes place outside an organism) contact with live nonhuman animal cells, tissue, or organs. ***NOTE:** FDA's definition of "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. FDA definition also does not include NONLIVING animal products such as pig heart valves or pig insulin.	**YES**	**Human to Human organ/tissue transplant:** **Evaluate** underlying medical condition requiring tissue transplant **Accept if** >12 months from **human tissue transplant** (other than saphenous vein, dura mater, or marrow/stem cells), if underlying medical condition requiring transplant is acceptable **Consult with medical staff if:** • ≤12 months from **human tissue transplant** (except recipient of saphenous vein, dura mater, or marrow/stem cells) • Unsure if human or animal organ/tissue transplant See ***NOTE** in left column. **Inform CM and 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 **Animal to Human organ/tissue transplant:** If transplant contained live animal tissue or cells**,** see Xenotransplant Recipient, Intimate Partner or Household Member if applicable	**Evaluate:** • Why did you need the transplant/transfusion? • What type of transplant/transfusion did you receive? • When did you receive your transplant/transfusion? • What is your current health status after the transplant/transfusion? • If you are unsure of where the transplanted material came from, call your transplant provider and inquire.
Travel/Residence *Iraq*	See Leishmaniasis			

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Travel/Residence *Malaria/Endemic Area*	Travel or residence for specific timeframe in areas that are known to have malaria (endemic) as defined by CDC; increases possible exposure to malaria infection (with or without antimalarial medication); could be transmitted through blood and stem cell transplantation; refer to CDC website to identify whether locations have high malarial risk	NO	**Accept if:** • Lived* in malaria endemic area in the past 3 years • Traveled** in malaria endemic area in the past 12 months *Lived in defined as ≥12 months cumulative residence in a malarial area(s) **Traveled in defined as <12 months cumulative presence in a malarial area(s) If malaria risk is listed as rare or mosquito avoidance, these are considered risks. **Inform CM if malaria risk per CDC website and proceed with request**	
Travel/Residence *UK and Europe*	Travel or residence for specific timeframe in United Kingdom or Europe since 1980; considered increased risk for new variant Creutzfeldt-Jakob Disease (vCJD] from possible exposure to infected meat	**YES**	**RCDAD RISK is indefinite** **Inform CM and proceed with request if** travel/residence during specified time frames in UK or Europe as defined in AID-00049, *Rationale and Action Guide at HR/CT/WU*	
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 **Inform CM if suitable if determined marrow-only or PBSC-only (depending on outcome of assessment) and proceed with request as directed by medical team**	
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 and not requiring pain medication	
Tuberculosis (TB)	Infectious disease caused by bacteria (*Mycobacterium tuberculosis);* usually affects the lungs	NO	**Accept if:** • History of positive Mantoux (PPD) test and negative chest x-ray • TB exposure and successfully treated • History of latent TB **Evaluate:** • History of <12 months since positive Mantoux without any further testing • Exposure and <12 months from treatment without signs/symptoms of TB **TU** for 2 years from diagnosis if had active disease in past 2 years or has disease but is not treated or treatment is in progress **Defer if** untreated active infection	

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Tumor	Abnormal growth of cells; classified in two types (benign and malignant); both can be life-threatening depending on type and location of tumor **Benign:** Non-cancerous tumor which does not invade other cells or spread to other parts of the body **Malignant:** Cancerous tumor which can invade surrounding tissue or other parts of the body	NO	**Accept if** benign tumor If pertaining to any benign brain or liver tumor listed below, refer to specific category for further assessment guidance See Cancer (if cancerous/malignant), Cyst See Acoustic Neuroma, Hemangioma, Meningioma, Pituitary Adenoma, Polyps, Prolactinoma if applicable	
Turner's Syndrome	Genetic disorder in females who have only one X chromosome; marked by dwarfism, heart abnormalities, and underdeveloped sex organs	NO	**Defer**	
Ulcer *Skin*	Skin damage resulting from a lack of blood flow due to pressure; also called pressure sores or decubitus ulcers	NO	**Accept if** successfully treated	
Ulcers *Peptic*	Erosion of stomach lining or duodenum also called gastric or duodenal ulcer	NO	**Accept if** successfully treated	
Ulcerative Colitis/ Lymphocytic Colitis	Chronic disease when large intestine becomes inflamed, leading to flare-ups of bloody diarrhea, abdominal cramps, and fever; possibly autoimmune in nature **Lymphocytic colitis:** Type of microscopic colitis with inflammation of the large intestine that can only be seen through a microscope	NO	**Accept** as marrow-only **if** symptom free and not on medication for >12 months **Evaluate as marrow only if:** • On medication and no symptoms in past 12 months • History of an episode in past 12 months • Removal of a section of the colon/intestine (partial colectomy) **Inform CM of marrow-only, diagnosis, and proceed with request if medically suitable** **TU** for 12 months from last episode if >1 episode in past 12 months **Defer if:** • History of recurrent or poorly controlled disease (such as ongoing symptoms, treatment, or medication) • Surgical removal of full colon/intestine (full colectomy)	**Evaluate:** • When were you diagnosed? • What medication(s) are you taking to control symptoms? • Describe your current symptoms; how frequent? In the last month? • Did you have surgery? If so, when? • What part of your colon was removed? • Are you still seeing a gastroenterologist or surgeon?

Assessment Tool

Name	Description	RCDAD Risk?	Assessment/Action	Probing Questions
Urticaria (Hives)/ Angioedema	**Urticaria (chronic or intermittent; 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 **Cold Urticaria:** Skin reaction to cold that appears within minutes after cold exposure; affected skin develops reddish, itchy welts (hives); can experience widely different symptoms from minor reactions to the cold to severe reactions **Angioedema:** 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 hours. **Hereditary Angioedema (HAE):** Rare, autosomal dominantly inherited blood disorder causing episodic attacks of swelling that may affect the face, extremities, genitals, GI tract, and upper airways. **Chronic idiopathic urticaria:** Hives, angioedema, or both for a period of six weeks or longer of unknown cause; can appear at any time, without triggers; is not contagious.	NO	**Urticaria/Hives** **Accept if:** • Known allergic trigger such as food, iodine, contrast dye, etc. • Cold urticaria if no angioedema or associated with malignancy • Chronic idiopathic urticaria if mild and controlled with minimal intervention **Consult with medical staff if chronic** idiopathic urticaria for breathing issues, swelling, hereditary conditions, medications, area of involvement, autoimmune, or other comorbidities **Defer** chronic idiopathic urticaria if any anaphylactic-like symptoms or mouth/throat involvement or requires injectable drug for management **Angioedema** **Consult with medical staff if** unknown inciting event or frequent symptoms **Defer if** history of hereditary angioedema in family, even if donor has not reported symptoms	**Evaluate:** • What are your symptoms? • Are symptoms anaphylactic? **NOTE:** Symptoms develop quickly and can include a rapid, weak pulse, a skin rash, nausea and vomiting, BP drop, narrowing airway, difficulty breathing. • Have you been evaluated? • Has a cause been determined? • Any treatment? • Have you ever needed emergency care? • Any family history of urticaria or hereditary angioedema?
Uveitis	See Eye Disease			

Vaccine *Routine or Travel*	Medications made using different methods and given to prevent various infectious diseases **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 **Inactive:** Made from viruses or bacteria that have been killed through physical/chemical processes **Polysaccharide:** Composed of long chains of sugar molecules and resembles the surface of certain types of bacteria **Recombinant:** Created by utilizing bacteria or yeast to produce large quantities of a single viral or bacterial protein which is then purified	**YES**	**Accept if:** Immunized with **inactive, polysaccharide or recombinant** vaccines, if symptom-free and afebrile: • Anthrax • Cholera • Diphtheria • Hepatitis A • Hepatitis B • COVID-19/Coronavirus/SARS-CoV-2 • Herpes zoster (shingles) in active (Shingrix®) • Human papilloma viruses (HPV) (Gardasil®) • Trivalent inactivated influenza vaccine (TIV) (given IM) • Japanese Encephalitis • Meningococcal disease • Mpox* (non-replicating virus vaccine (JYNNEOS vaccine series) • Paratyphoid • Pertussis (whooping cough) • Plague • Rabies • Rocky Mountain spotted fever • Salk polio (injection) • Tetanus • Typhoid • Typhus • Td/Tdap (tetanus, diphtheria, pertussis) **Accept if** immunized with **attenuated (live) virus** vaccines such as: • Herpes zoster (shingles) active (Zostavax®) • Live attenuated influenza vaccine (LAIV) such as FluMist® (given intranasally) • MMR (measles, mumps, and rubella) • Mumps • Polio (oral/injectable) • Rubella (German measles) • Rubeola (measles) • Yellow fever • Varicella (chickenpox) (continued on next page)	

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Vaccine *Routine or Travel* (continued)			**ATTENTION** Stem cell collection **should not** be performed within: **Timeframe** — **From receiving vaccine** 72 hours — Inactive, polysaccharide, or recombinant vaccines 7 days — Live attenuated influenza vaccine (LAIV) such as FluMist® (given intranasally) for seasonal flu or H1N1 flu 2 weeks — Rubeola (measles), mumps, polio (oral/injectable), or yellow fever 4 weeks — Rubella (German measles), MMR (measles, mumps, and rubella), varicella (chickenpox) or herpes zoster (shingles) *active* (Zostavax®), J&J COVID vaccine ***Smallpox or mpox vaccine:** **Evaluate with medical staff if** ≤8 weeks from smallpox/mpox** vaccination date or from onset of smallpox vaccination complications such as a rash. **Live replicating virus vaccine (ACAM2000) **RCDAD RISK is 8 weeks from exposure or onset of complications** **Inform CM and proceed with request** as directed by medical staff if medically suitable	
Valley Fever	Soil-borne fungal infection common in the southwest areas of the U.S.	NO	**Accept if** fully recovered **Defer if** chronic or disseminated infection	
Varicose Veins	Twisted, widened veins caused by swollen or enlarged blood vessels due to weakening in the vein's wall or valves	NO	**Accept if:** • Varicose veins are present but no other venous issues • Fully recovered from vein surgery	
Variegate Porphyria	Variegate porphyria is a rare genetic metabolic disorder characterized by deficient function of the enzyme protoporphyrinogen oxidase (PPO or PPOX). Symptoms may include sun sensitivity and the development of skin blisters and sores when exposed to sunlight.	NO	**Defer**	

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Vasculitis	Inflammation of the blood vessels (vasculitis); commonly occurs in disorders that affect connective tissue; not a disease but rather a disease process	NO	**Accept if** drug-induced and fully recovered **Evaluate if** multiple episodes (drug induced or otherwise) and fully recovered **Defer if** currently symptomatic or associated with other underlying conditions	
Vasovagal Syncope	See Fainting			
Vertigo	False sensation that oneself or surroundings are moving or spinning, usually accompanied by nausea and loss of balance; can have many underlying causes	NO	**Accept if** stable, no impact to ADLs, or no underlying condition **Consult with medical staff if** not stable, or has difficulty with ADLs or other constraints See Meniere's Syndrome	**Evaluate:** • What are your symptoms? • What triggers your symptoms? • Do you know the underlying cause? • Did your vertigo result from an injury? If yes, explain. • Are you currently on any medication? • Have you been evaluated? If yes, when and what were the findings? • Did you receive any treatment? • Are you currently being seen by a medical provider?
Vitamin B12 Deficiency	Occurs when the body is unable to properly use vitamin B12; can have multiple causes; also called pernicious anemia	NO	**Accept if** successfully treated (stable hemoglobin and hematocrit)	
Vitiligo	Skin disorder manifested by smooth white spots on various parts of the body; thought to be autoimmune in nature	NO	**Accept if** well-controlled **Inform CM of diagnosis and proceed with request**	
von Willebrand's Disease	Hereditary deficiency or abnormality of the von Willebrand factor in the blood, a protein that affects platelet function	NO	**Defer**	
Weight Loss Surgery	Surgery bypassing the stomach or placement of constricting bands around entrance to stomach; also known as gastric bypass, stomach stapling, lap banding	NO	**Accept if** fully recovered and no complications **Consult with medical staff if** not fully recovered or experiencing any complications or deficiencies such as anemia or nutritional problems See Surgery or Weight, Obesity if applicable	**Evaluate:** • When and what type of surgery? • Are you fully recovered? • Are you experiencing or being treated for any anemia? • Are you experiencing or being treated for any nutritional problems? • What treatment? • Any follow-up?

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Weight, Low	Body weight lower than standard weight range for person's height; many causes ranging from anorexia or bulimia or hyperactivity	NO	**Evaluate if** weight is below 45 kg, concerns for inadequate access or cell collection volume **Accept if** minimally below normal weight **Defer if** extremely low weight to point of concern for malnutrition or anorexia/bulimia See AID-00048, *Assessing Non-Medical Factors Affecting Donor Suitability*	
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	See AID-00053, *Donor Height and Weight Guidelines During the Search Process* **If donor weighs between the maximum weight at recruitment and maximum weight at search:** **Evaluate** (see probing questions) If on **weight loss drug,** see Medications **Defer if** over maximum weight listed for height See Growth Hormone Treatment if using HCG injections for weight loss	**Evaluate:** • Do you have any associated health issues such as hypertension, heart disease, diabetes, joint pain, respiratory function, etc.? • Venous access • Mobility • Body habitus
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**	**Consult with medical staff if:** • ≤120 days from date of diagnosis or onset of symptoms, whichever is the later date • History of infection with residual impairment **RCDAD RISK expires 120 days from diagnosis** **Inform CM and proceed with request if medically suitable**	**Evaluate** • When was your diagnosis? • What is your current health status? • Any ongoing concerns?
Wilson's Disease	Rare inherited disorder where liver does not excrete excess copper into the bile	NO	**Accept** as PBSC-only **if** in good general health **Inform CM of PBSC-only and proceed with request**	
Wiskott-Aldrich Syndrome	A rare genetic immunodeficiency that keeps a child's immune system from functioning properly. It also makes it difficult for a child's bone marrow to produce platelets, making a child prone to bleeding. Occurs mostly in males.	NO	**Accept if** asymptomatic carrier **Consult with medical staff if** carrier with symptoms **Defer if has** Wiskott-Aldrich Syndrome **Inform CM of carrier status**	**Evaluate:** As a carrier, do you have symptoms such as immune deficiency, eczema, reduced ability to form clots, or bloody diarrhea?
Wolff-Parkinson-White Syndrome See Heart Disease				

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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. FDA describes xenotransplant 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 (that which takes place outside an organism) contact with live nonhuman animal cells, tissue, or organs.	**YES**	**Accept if**: • History of intimate contact with xenotransplant recipient • Ever was household member with xenotransplant recipient and reports exposure to recipient's blood/body fluids while living with recipient **RCDAD RISK is indefinite** **Inform CM and proceed with request** **Defer if** xenotransplant organ including porcine (pig) or bovine (cow) heart valves **NOTE:** FDA's definition of 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. FDA also does not include NONLIVING animal products such as pig heart valves or pig insulin.	
Yeast Infection	Localized infection caused by the fungus candida; can cause inflammation, intense itchiness, and thick, white discharge from vagina	NO	**Accept**	
Zika Virus	Mosquito-borne single-stranded RNA virus related to dengue virus; transmitted to humans primarily through the bite of an infected *Aedes* species mosquito; can be transmitted also by sexual contact with infected partner; linked to development of microcephaly in infants and Gillian-Barre in adults	**YES**	**Accept if** >6 months from recovery **Consult with medical staff if** donor reports Zika symptoms or continues to have ongoing medical concerns related to a Zika diagnosis. **Inform CM of:** • **Travel to a Zika country or territory per CDC map in the past 6 months and proceed with request** • **Zika diagnosis and recovery status in the past 6 months if suitable**	**Evaluate:** See AID-00120, *Rationale and Action Guide: Zika Virus Infection Assessment* for additional information. • Have you been diagnosed with Zika in the past 6 months? • Any symptoms of illness or ongoing medical concerns?