Supplementary Information I.

Example initial questionnaire for new gamete and embryo donors.

Design and examples of questions were helpfully informed by the Blood Donation Donor Health Check questionnaire and the Guidance for Gamete Donation in NHS Scotland.

Tick Y (yes) or N (no) for each question

|  |  |  |  |
| --- | --- | --- | --- |
| General questions: | Y | N | If “yes”: |
| Are you taking any prescribed medicines or tablets or other treatments? |  |  | Use clinical judgement |
| In the last 7 days have you taken any additional medicines or tablets including any you have bought yourself? |  |  |
| In the last 7 days have you seen a doctor, dentist, dental hygienist or any other healthcare professional or are you waiting to see one? |  |  |
| In the last 2 weeks have you had any illness, infection or fever or do you think you have one now? |  |  |
| In the last 4 weeks have you been in contact with anyone with an infectious disease? |  |  |
| In the last 8 weeks have you had any immunisations, vaccinations or jabs? |  |  |
| In the last 8 weeks have you been in contact with anyone else who has had a smallpox vaccination? |  |  |
| Have you ever been infected with and/or treated for: |  |  | If “yes”: |
| Human T Cell Lymphotropic Virus (HTLV)? |  |  | Not suitable to donate |
| HIV? |  |  |
| Hepatitis C? |  |  |
| Hepatitis B? |  |  | Suitable if > 12 months since diagnosis of HBV infection and fully recovered. Discuss with designated medical officer for interpretation of test results. |
| Hepatitis E? |  |  | Suitable if >6 months since recovery, or <6 months since recovery and HEV RNA negative and anti-HEV IgG positive |
| Syphilis? |  |  | Suitable if: fully treated in the past; confirmatory tests exclude recent infection; not engaged in high risk behaviour.  |
| Chlamydia? |  |  | Suitable if: no active infection; >12 months from last infection; currently testing negative; not engaged in high risk behaviour. |
| Gonorrhoea? |  |  |
| Are you currently in a sexual relationship with someone who has (or has had): |  |  | If “yes”: |
| HIV? |  |  | Not suitable to donate |
| Hepatitis C? |  |  |
| HTLV? |  |  | Suitable if >3 months since last sexual contact and potential donor not infected |
| Hepatitis B? |  |  | Suitable if: >12 months since diagnosis and recovery; or >3 months since last sexual contact; potential donor not infected. |
| Syphilis? |  |  | Suitable if: >3 months since last sexual contact; >12 months since infected partner completed treatment; potential donor not affected |
| Any other sexually transmitted infection? |  |  | Suitable if >12 months since successful treatment and potential donor not infected. |
| In the last 6 months have you: |  |  | If “yes”: |
| had sex with someone not currently your partner |  |  | Ask for detail on number of partners and use clinical judgement |
| had unprotected sex with anyone |  |  |
| had sex with anyone with or who may have HTLV? |  |  | 3 month deferral since last sexual contact (NAT + serology testing)6 month deferral since last sexual contact (serology testing only) |
| had sex with anyone with or who may have Syphilis? |  |  |
| had sex with anyone who is or may be HIV, Hepatitis B or Hepatitis C positive? |  |  |
| been given money or drugs for sex? |  |  |
| had sex with anyone who has ever been given money or drugs for sex? |  |  |
| had sex with anyone who has ever injected non-prescription drugs? |  |  |
| had sex with anyone who may ever have had sex in parts of the world where AIDS/HIV is very common (this includes most countries in Africa)? |  |  |
| **Male donors only**; had oral or anal sex with a man, with or without a condom? |  |  |
| **Female donors only;** had sex with a man who has ever had oral or anal sex with another man, with or without a condom? |  |  |
| had your ears, face or body pierced, had a tattoo or any cosmetic treatment that involved piercing your skin, e.g. acupuncture? |  |  | Performed in the UK on licensed premises: accept for donationPerformed outside of UK or on non-licensed premises in the UK: 3 month deferral (NAT + serology testing); 6 month deferral (serology testing only) |
| been exposed to someone else’s blood or body ﬂuids, e.g. through a needle prick or bite or broken skin? |  |  | 3 month deferral (NAT + serology testing)6 month deferral (serology testing only) |
| Lifestyle factors |  |  | If “yes”: |
| Have you ever injected yourself or been injected with illegal or non-prescribed drugs including body-building drugs or cosmetics or injectable tanning agents (even if this was only once or a long time ago)? |  |  | Not suitable if <3 months. Use clinical judgement. Take any high risk behaviour into account. |
| Have you ever been or are you currently considered to be an alcoholic? |  |  | Use clinical judgement. Take any high risk behaviour into account |
| Have you injected or been injected with non-prescribed or drugs of addiction in the last 12 months? |  |  | Not suitable for donation |
| Travel |  |  | If “yes”: |
| **In the last 2 years** have you been outside the UK (including business trips)? |  |  | Follow current tropical diseases guidance and use clinical judgement |
| Were you born or have you ever lived or stayed outside the UK for a continuous period of 6 months or more?  |  |  |
| Have you ever had malaria |  |  | Not suitable for donation |
| Have you ever had an unexplained fever which you could have picked up while travelling or living or working abroad?  |  |  | Follow assessment and guidance related to tropical diseases and viruses as applicable. Use clinical judgement.  |
| Additional information |  |  | If “yes”: |
| Have you ever been told that you should not give blood? |  |  | Use clinical judgement |
| Have you ever had jaundice? |  |  | Use clinical judgement |
| Have you ever received a blood or blood product transfusion? |  |  | Use clinical judgement |
| Have you or anyone in your family had Creutzfeldt-Jakob Disease (CJD)? |  |  | Not suitable for donation |
| Were you treated with growth hormone before 1985? |  |  | Not suitable for donation |
| Did you have brain surgery or an operation for a tumour or cyst in your spine before August 1992? |  |  | Not suitable for donation |
| Have you ever had fertility treatment? |  |  | Use clinical judgement taking into account the reason for fertility treatment |
| Do you have any allergies? |  |  | Suitable for donation unless on teratogenic medication or has had an anaphylactic reaction |
| Do you have asthma? |  |  |
| Do you have eczema? |  |  | Suitable for donation unless on teratogenic medication or underlying condition prevents donation |
| Have you ever had genital warts? |  |  | Suitable for donation if not associated with high risk behaviour |
| Have you ever had genital or oral herpes? |  |  | Not suitable for sperm donation if genital herpes. Can be accepted if oral lesions are healed and not associated with high-risk behaviour.For oocyte donation can be accepted if lesions are healed and not associated with high-risk behaviour |
| Have you ever been bitten by an animal? |  |  | Not suitable for gamete donation if:• ever bitten by a non-human primate• other animal bite if wound is infected or not healed• <12 months since bitten anywhere in the world by a bat• <12 months since bitten by any mammal outside the UKSeek microbiology advice if needed |
| In the last 12 months have you been bitten by insects or ticks? |  |  | Use clinical judgement, seek microbiology advice if required |

|  |  |
| --- | --- |
| DONOR | STAFF USE ONLY(CIRCLE ONE) |
| First name: | ACCEPT | Clinician name: |
| Surname: | REJECT | Signature: | Date: |
| Signature: | DEFER UNTIL: | Comments: |
| Date: |

Supplementary Information 2. Suggested Donation Day Form

Donor name:……………………………

DOB:………………………………………

Hospital number:………………………..

I confirm that:

* I am the person named above
* The sample provided today is my own
* I have not knowingly exposed myself to, or been treated for, any sexually transmitted infections since last attending for donation
* I have not travelled to, or had close physical contact (exchange of bodily fluids) with someone who has visited, any of the high risk Zika or Ebola countries within the last 6 months/2 years **(donation must be deferred if travel or close physical contact has occurred)** (<https://www.gov.uk/guidance/zika-virus-country-specific-risk>).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Donor signature** | **Travel abroad since last visit?** | **Country visited** **(plus dates)** | **ID Checked** | **Staff signature** |
|  |  |  |  |  |  |
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Supplementary Information 3

 Interpretation of HBV, HCV and HIV test Results

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| --- | --- | --- | --- | --- |
| **Hepatitis B** |  | **Hepatitis C** |  | **HIV 1 & 2** |
| ***Test*** | ***Result*** | ***interpretation*** |  | ***Test*** | ***Result*** | ***interpretation*** |  | ***Test*** | ***Result*** | ***interpretation*** |
| Hep Bc AbHep Bs AgHep B DNA | **-****-****n/a** | **Non infectious** |  | Hep C AbHep C RNA | **-****n/a** | **Non infectious** |  | Abs/p24 Ag | **-** | **Non infectious** |
| Hep Bc AbHep Bs AgHep B DNA | **+****-****< negative** | **Non infectious**  |  | Hep C AbHep C RNA | **+****Not detected** | **Non infectious**  | Abs/p24 Ag | **+** | **Infectious** |
| Hep Bc AbHep Bs AgHep B DNA | **+****-****> positive** | **Infectious** |  | Hep C AbHep C RNA | **+****Detected** | **Infectious** |  |
| Hep Bc AbHep Bs AgHep B DNA | **+****+****n/a** | **Infectious** |  |  |