



Donor Reinstatement Inquiry vCJD Deferral Reinstatement

Please provide the following information to determine future donation eligibility based on current Food and Drug Administration Guidelines.

Name: _____ Address: _____

Phone Number: _____ Email Address: _____

Date of Birth: _____ Donor ID (if known): _____

1. Have you donated blood using a different name?

No Yes If Yes, provide name(s): _____

2. Have you spent time in the United Kingdom countries of England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands?

No Yes If Yes, list country(s) and dates.

3. Have you ever been a member of the U.S. Military, a civilian military employee, or a dependent of a member of the U.S. Military and lived outside the United States?

No Yes If Yes, list locations and dates you lived outside the USA.

4. Have you spent time in a European country, see below, not listed in questions 1 or 2 above?

Albania, Austria, Belgium, Bosnia-Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Republic of Ireland, Italy, Liechtenstein, Luxembourg, Macedonia, Netherlands, Norway, Poland, Portugal, Romania, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, United Kingdom, and Federal Republic of Yugoslavia

No Yes If Yes, list locations and dates spent in a European country.

Information provided above is accurate to the best of my knowledge. I understand this information will be used to determine my eligibility for blood donation based on current FDA guidelines.

Signature: _____ Date: _____

Please return completed form to Quality and Regulatory Services, LifeShare Blood Center by either:
Mail – 8910 Linwood Ave, Shreveport, LA, 71106; Email - qrsusers@lifeshare.org; or Fax - 318-222-8886