

# Armed Services Blood Program Medical Conditions List

**NOTICE:** The Department of Defense (DoD) assumes no risk for the use of this information by non-DoD personnel, blood programs, or individual medical institutions. The use of this information by DoD entities is strictly for blood donor operations and must adhere to the current Service-specific (Army, Navy, and Air Force) **Policies, Processes, and Procedures** for screening blood donors.

Any deviation from this information must be done according to current Service-specific and/or local Standard Operating Procedures for screening blood donors and must have received prior approval by the site Medical Director with documented justification.

**When Medical Director approval is required, the Medical Director will determine the frequency of re-assessment for each donor. Documentation of Medical Director approval is to remain on file for each donor evaluated. The donor will be evaluated by the Medical Director at least annually unless the medical condition has changed. Donor center personnel will evaluate donor at each donation to determine if medical condition has changed. If there has been a change, the medical director will re-evaluate the donor. Medical Director approval cannot supersede FDA regulatory guidance.**

**Note:** If not stated in the comments the following dating periods apply for documenting deferrals in the computer system:

24 hours = 1 day	48 hours = 2 days	72 hours = 3 days	7 days = 1 week
14 days = 2 weeks	21 days = 3 weeks	28 days = 4 weeks	31 days = 1 month

Medical Condition	Comment
Abdominoplasty	Accept if healed and donor has resumed regular activity.
Abortion	<u>Defer for</u> six (6) weeks from date of procedure. <u>Accept if</u> greater than six (6) weeks from date of procedure.
Abscesses	<u>Defer if</u> suspect for anthrax or still on antibiotic. <u>Accept if</u> healed and off antibiotics for 72 hours (3 days).
Acne	Accept. <i>Note: Prophylactic use of antibiotics for acne treatment is acceptable.</i>
Acid Reflux	Accept.
Acromegaly	Accept.
Actinic Keratosis	Accept.
Actinomycosis	<u>Defer for</u> one (1) week after discontinuing medication and condition is resolved. <u>Accept if</u> greater than one (1) week since stopping medication and condition is resolved.
Acupuncture	<u>Accept if</u> the following conditions are met: <ol style="list-style-type: none"> <li>1) Performed by a licensed provider.</li> <li>2) Underlying condition is not cause for deferral.</li> <li>3) Procedure is done with single - use equipment and under aseptic conditions.</li> </ol> <u>Defer for</u> 12 months if conditions above are not satisfied.
Acute Renal Failure	Defer until resolved <b>and</b> renal function is normal for at least one (1) week.
Acute Tubular Necrosis	<u>Defer until</u> recovered and renal function is normal. <u>Accept if</u> recovered <b>and</b> renal function is normal.
Addison's Disease	Indefinite deferral. <i>Note: These donors are susceptible to postural hypotension.</i>

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Adenofibroma	Accept.
Adenomas	Accept if medical documentation indicates that it is benign. <i>Refer to Medical Director to resolve any questions.</i>
Adenovirus	<u>Defer until</u> symptom free for three (3) days. <u>Accept if</u> symptom free for three (3) days.
Adrenal Glands Absent	Indefinite deferral.
Agammaglobulinemia	Defer if received IVIG in the last 12 months. Consult with Medical Director otherwise.
AIDS	Indefinite deferral.
Alcoholic Cirrhosis	Indefinite deferral. Consult Medical Director to reevaluate eligibility if donor has received a liver transplant.
Alcoholism	<u>Defer if</u> under the influence. <u>Accept if</u> there are no signs of being under the influence.
Allergies	Accept if donor has no sinus or respiratory infections. If a rash is present, ensure it is not in the venipuncture area.
Allergy Injection (Shot)	<u>Defer for</u> one (1) day. <u>Accept if</u> greater than one (1) day since the injections.
Alpha-1-Antitrypsin Deficiency	<u>Indefinite deferral if</u> donor has emphysema or if receiving treatment (i.e., Alpha-1- Proteinase Inhibitor). If donor does not have emphysema and is not receiving treatment, consult Medical Director for approval of <u>whole blood donation only</u> .
Alzheimer's Disease	Refer to Medical Director. Note: Need to establish medical competency.
Amoebic Dysentery	<u>Defer for</u> one (1) week after cessation of therapy and recovery. <u>Accept if</u> greater than one (1) week since therapy and recovered.
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	Indefinite deferral; cause unknown.
Anemia	<u>Accept if</u> all other screening criteria are acceptable.
Aneurysms	Refer to Medical Director for approval.
Angina Pectoris (Chest Pain)	<u>Defer if</u> symptoms are present within the last six (6) months. Advise prospective donors to obtain approval from their physician regarding blood donation.  <u>Accept if the following conditions are met:</u> <ol style="list-style-type: none"> <li>1) Greater than six (6) months since the occurrence.</li> <li>2) No symptoms or limitation of activities in the last six (6) months.</li> <li>3) Donor has their physician's written approval.</li> <li>4) Donor has Medical Director Approval.</li> </ol>

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Angioplasty (Coronary)	<p><u>Defer</u> for six (6) months after procedure. Advise prospective donors to obtain approval from their physician regarding blood donation.</p> <p><u>Accept if the following conditions are met:</u></p> <ol style="list-style-type: none"> <li>1) Greater than six (6) months since the procedure.</li> <li>2) No symptoms or limitation of activities in the last six (6) months.</li> <li>3) Donor has their physician's written approval.</li> <li>4) Donor has Medical Director Approval.</li> </ol>
Animal Bites	<p><u>Domestic pets</u> - Defer until healed. <u>Wild animals</u> - Defer for two (2) months from time of bite and wound must be healed at time of donation.</p> <p><u>**If Rabies vaccine was received - Defer one (1) year after injection**</u></p> <p><u>Accept if ANY ONE of the following are true:</u></p> <ol style="list-style-type: none"> <li>1) Bite was from a domestic animal and is healed (no rabies vaccine received)</li> <li>2) Greater than two (2) months if bite was from wild animal (no rabies vaccine received)</li> <li>3) Greater than one (1) year if received rabies vaccine (any type of animal bite).</li> </ol>
Ankylosing Spondylitis	<p><u>Defer</u> if motion limitation and on immunosuppressive medication.</p> <p><u>Accept</u> if the following conditions are met:</p> <ol style="list-style-type: none"> <li>1) Donor has no limitation of motion (can sit in donor chairs) <u>AND</u></li> <li>2) Donor is not on immunosuppressive medication.</li> </ol>
Anthrax	<p><u>Defer</u> if:</p> <ol style="list-style-type: none"> <li>1) Donor has not completed the full course of treatment/prophylaxis.</li> <li>2) The condition is not resolved.</li> <li>3) The deferral period for the antibiotic has not been met.</li> </ol> <p><u>Accept</u> if the donor is off antibiotic <b>and</b> full course of treatment/prophylaxis, the condition is resolved. No deferral for "possible" anthrax exposure unless on antibiotics.</p>
Aortic Stenosis	<p><u>Defer</u> for 12 months if donor received allogeneic or autologous blood or blood product transfusion(s) and/or tissue graft. <i>See "Xenotransplantation" if graft came from non- human source.</i></p> <p><u>Defer indefinitely</u> if donor received a transfusion of blood or blood products collected in the United Kingdom or France since 1980.</p> <p><u>Accept</u> if the following conditions are met:</p> <ol style="list-style-type: none"> <li>1) Surgically corrected.</li> <li>2) Symptom - free and no restrictions.</li> <li>3) Greater than 12 months since last transfusion.</li> <li>4) No transfusion in the UK or France.</li> <li>5) Donor has letter from their provider approving blood donation.</li> </ol>
Aphthous Ulcers (canker sores)	<p><u>Defer</u> if active/open. <u>Accept</u> if healed.</p>
Appendectomy	<p><u>Defer</u> if not healed. <u>Accept</u> if healed.</p>

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Arrhythmias	<p><u>Defer for</u> six (6) months after event.</p> <p><u>Accept if</u> the following conditions are met:</p> <ol style="list-style-type: none"> <li>1) Greater than six (6) months since the procedure (consult Medical Director if no procedure was performed).</li> <li>2) No symptoms or limitation of activities.</li> <li>3) Donor has written physician approval for donation.</li> <li>4) Donor has Medical Director Approval.</li> </ol>
Arteriovenous (AV) Malformation	<p><u>Defer for</u> 12 months if received blood transfusion.</p> <p><u>Defer indefinitely if</u> donor received a transfusion of blood or blood products collected in the United Kingdom or France since 1980.</p> <p><u>Accept if:</u></p> <ol style="list-style-type: none"> <li>1) Donor has resumed normal activity.</li> <li>2) Surgically corrected and symptom free.</li> <li>3) If not surgically corrected – donor has approval from their physician regarding blood donation.</li> <li>4) Donor has Medical Director Approval.</li> </ol>
Arthritis	<p><u>Indefinite deferral if</u> Rheumatoid arthritis (RA).</p> <p><u>Accept if</u> Osteoarthritis (degenerative joint disease).</p> <p><u>Psoriatic arthritis – Requires Medical Director evaluation.</u></p>
Asbestosis	<p><u>Indefinite deferral if</u> causing chronic lung disease.</p> <p><u>Accept if</u> not causing chronic lung disease.</p>
Asthma	<p><u>Defer if</u> symptomatic or has required oral steroids for management in the last six (6) months.</p> <p><u>Accept if</u> symptom-free <b>and</b> no oral steroids used in the last six (6) months.</p>
Attention Deficit (Hyperactivity) Disorder (ADD/ADHD)	Accept.
Babesiosis	<b>Defer for two years.</b>
Bacterial Infections	<p><u>Defer for</u> 72 hours (3 days) after oral antibiotic course completion.</p> <p><u>Accept if the following conditions are met:</u></p> <ol style="list-style-type: none"> <li>1) Greater than 72 hours (3 days) since completion of antibiotic therapy.</li> <li>2) Donor is feeling well and symptom-free.</li> </ol> <p><u>Defer for</u> one (1) week if antibiotic administered IM or IV.</p> <p><u>Accept if the following conditions are met:</u></p> <ol style="list-style-type: none"> <li>1) Donor is feeling well and symptom free.</li> <li>2) Greater than one (1) week since the completion of IV or IM antibiotics treatment.</li> </ol> <p><b>Accept if donor uses antibiotic for the treatment of acne.</b></p>
Bee Sting	<p><u>Defer for</u> one (1) day (Computer documentation).</p> <p><u>Accept if</u> greater than one (1) day since bee sting.</p>
Bell's Palsy	Accept.
Benign Prostatic Hypertrophy or Hyperplasia (BPH)	<p><b>Defer for one (1) month after last dose of Proscar medication.</b></p> <p><b>Defer for six (6) months after last dose of Avodart medication.</b></p> <p><u>Accept if the following conditions are met:</u></p> <ol style="list-style-type: none"> <li>1) Symptom free.</li> <li>2) More than one (1) month since treatment with Proscar.</li> <li>3) More than six (6) months since treatment with Avodart.</li> </ol>

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Berger's Disease	Refer to Medical Director.
<b>Bipolar Disorder</b>	<b>Defer if not mentally or legally competent. Accept if mentally and legally responsible.</b>
Black Lung Disease (Pneumoconiosis)	Indefinite deferral.
Bladder Infection <b>(Cystitis)</b>	<u>Defer until</u> 72 hours (3 days) after completing antibiotic therapy. <u>Accept if the following conditions are met:</u> 1) Greater than 72 hours (3 days) after completing antibiotic therapy. 2) Donor is symptom free.
Body Alterations	<u>Defer for</u> 12 months. <u>Accept if</u> greater than 12 months since last alteration.
Boils	<u>Defer until</u> well healed and off antibiotics or medications to relieve symptoms for 72 hours (3 days). <u>Defer if</u> suspect for anthrax. Follow anthrax deferral. <u>Accept if</u> healed, off antibiotics, <b>and</b> anthrax is not suspected.
Bone Graft	<u>Defer for</u> 12 months if donor received allogeneic graft(s). <i>For dental graft, refer to "Dental Procedures/Surgery" for guidance.</i>
Bone Marrow Donor	<u>Defer for</u> eight (8) weeks after donation. <u>Accept if</u> eight (8) weeks after donation <b>and</b> no lingering complications.
Bovine Graft	<i>For non-dental grafts, see "Xenotransplantation" for guidance. For dental graft, refer to "Dental Procedures/Surgery" for guidance.</i>
Bowen's Disease	Accept (squamous cell carcinoma-in-situ).
BPH (Benign Prostatic Hypertrophy or Hyperplasia)	<u>Defer for</u> one (1) month after last dose of <u>Proscar</u> medication. <u>Defer for</u> six (6) months after last dose of <u>Avodart</u> medication. <u>Accept if the following conditions are met:</u> 1) Symptom free. 2) More than one (1) month since treatment with Proscar. 3) More than six (6) months since treatment with Avodart.
Brain Injury	Consult with Medical Director.
Brain Surgery	<u>Defer if</u> donor had seizure (s) in the last 12 months. <u>Defer for</u> CJD risk if dura mater transplant. <u>Accept if</u> seizure-free in last 12 months <b>and</b> no malignancy. <b>***Consult with Medical Director if for malignancy***</b>
Brain Tumor	<u>Defer indefinitely if</u> malignant. <u>Accept if</u> benign ( <b>Documentation required</b> ).
Branding	<u>Defer for</u> 12 months for skin branding. <u>Accept if</u> after 12 months <b>and</b> completely healed with no complications.
Breastfeeding	Accept.

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Bronchitis	<p><u>Defer for</u> until symptom free and off antibiotics or medications to relieve symptoms for 72 hours (3 days).</p> <p><u>Accept if the following conditions are met:</u></p> <ol style="list-style-type: none"> <li>1) Off antibiotics or medications to relieve symptoms for 72 hours (3 days).</li> <li>2) Symptom free for 72 hours (3 days).</li> </ol> <p><i>See ASBP Medication Deferral List.</i></p>
Bursitis	Accept if resolved.
Cancer	<p><u>Defer Indefinitely for</u> leukemia, lymphoma, including Hodgkin's Disease and other cancers of the blood, malignant melanoma, multiple myeloma, myelodysplastic syndrome, or polycythemia vera.</p> <p><u>Accept if any ONE of the following exist:</u></p> <ol style="list-style-type: none"> <li>1) Localized skin cancer (basal cell carcinoma or squamous cell carcinoma) and is completely excised and healed;</li> </ol> <p><b>Or</b></p> <ol style="list-style-type: none"> <li>2) Carcinoma-in-situ of the cervix;</li> </ol> <p><b>Or</b></p> <p>The donor has been cancer-free, symptom- free, treatment-free with no Re-occurrence for at least 12 months, meets all other eligibility guidelines <b>AND</b> has Medical Director approval to donate.</p>
Candida Infection (Candidiasis)	<p><u>Defer for</u> one (1) <b>month</b> after cessation of medication and well, if related to <b>antifungal</b>, antibiotic or steroid therapy.</p> <p><u>Accept if</u> greater than one (1) <b>month</b> after cessation of medication (<b>antifungal</b>, antibiotic or steroid therapy) and symptom free.</p> <p><i>Consult with Medical Director, if there is a question of immunodeficiency.</i></p>
Canker Sore ( <b>aphthous ulcer</b> )	<p><u>Defer if</u> active/open.</p> <p><u>Accept if</u> healed.</p>
Carcinoma-In-Situ	Accept.
Cardiac Arrest (Not the same as Heart Attack)	<p><u>Defer for</u> <b>twelve (12) months</b> after event.</p> <p><u>Accept if the following conditions are met:</u></p> <ol style="list-style-type: none"> <li>1) Greater than twelve months since event.</li> <li>2) Has a letter from their physician approving blood donation <b>OR</b></li> <li>3) Donation is approved by the Medical Director.</li> </ol>
Cardiac Catheterization	<p><u>Defer for</u> <b>twelve (12) months</b> after procedure.</p> <p><u>Accept if the following conditions are met:</u></p> <ol style="list-style-type: none"> <li>1) Greater than twelve months since procedure.</li> <li>2) Has a letter from their physician approving blood donation <b>OR</b></li> <li>3) Donation is approved by the Medical Director.</li> </ol>
Cardiac Defects	<p><u>Defer for</u> <b>twelve (12) months</b> after diagnosis. If treatment received, defer <b>twelve (12) months</b> after treatment completion.</p> <p><u>Accept if the following conditions are met:</u></p> <ol style="list-style-type: none"> <li>1) Greater than twelve months since diagnosis or treatment completion.</li> <li>2) Has a letter from their physician approving blood donation. – <b>OR</b></li> <li>3) Donation is approved by the Medical Director.</li> </ol>

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Cardiomyopathy	Defer indefinitely. <i>Consult Medical Director to re-evaluate eligibility if donor has received a heart transplant.</i>
Carotid Bruit	Refer to Medical Director.
Carpal Tunnel Syndrome	Accept.
Casts	<u>Defer if either of the below conditions exists:</u> <ol style="list-style-type: none"> <li>1. Any type of surgery until the cast is removed and all wounds are healed.</li> <li>2. Cast location impedes/interfere with access for phlebotomy.</li> <li>3. Donor's crutches (if applicable) would interfere or apply pressure on the phlebotomy site.</li> </ol> <u>Accept if:</u> <ol style="list-style-type: none"> <li>1. Simple fracture/break (no surgery), OR cast is removed and wound is completely healed.</li> <li>2. Phlebotomy site is accessible.</li> <li>3. Crutches (if applicable) would not apply pressure on the phlebotomy site.</li> </ol>
Cataplexy	Accept.
Cat-Scratch Disease	<u>Defer until</u> one (1) week after cessation of therapy and <b>donor</b> feels well. <u>Accept if</u> greater than one (1) week since completion of therapy <b>and</b> donor feels well.
Cauterization	<u>Defer until</u> healed and has resumed regular <b>activity</b> . <u>Accept if</u> healed and has resumed regular activity.
Cerebrovascular Accident	<i>See Stroke</i>
Cervical Dysplasia	<u>Defer for</u> six (6) weeks from time of biopsy and/or definitive treatment. <u>Accept if</u> greater than six (6) weeks since biopsy and/or definitive treatment with no malignancy. <i>Consult with Medical Director if carcinoma present.</i>
CFS (Chronic Fatigue Syndrome)	Indefinite Deferral.
<b>Chagas' Disease</b>	<b>Indefinite deferral.</b>
<b>Chalazion</b>	<u>Defer for</u> 72 hours from treatment. <u>Accept if</u> greater than 72 hours since treatment completion and no signs of infection.
Chancre	Defer until 12 months after cessation of therapy. This is a primary syphilitic lesion. <b>(documentation required)</b>
Chemotherapy	<u>Defer during treatment period</u> <b>and</b> until six (6) months after treatment completed (if not for cancer). <u>Accept if :</u> <ol style="list-style-type: none"> <li>1) Greater than six (6) month since completion of treatment (if not for cancer) <u>AND</u></li> <li>2) Donor has Medical Director Approval.</li> </ol>
Chest Pain	<u>Defer for twelve (12) months after event.</u> <u>Accept if the following conditions are met:</u> <ol style="list-style-type: none"> <li>1) Greater than twelve months since event.</li> <li>2) Has a letter from their physician approving blood donation <b>OR</b></li> <li>3) Donation is approved by the Medical Director.</li> </ol>

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Medical Condition	Comment
Chicken Pox (Varicella Zoster)	<p><b>For Exposure:</b>  <u>Defer for 21 days (3 weeks) after exposure.</u>  <u>Accept if greater than 21 days (3 weeks) after exposure.</u></p> <p><b>For Infection:</b>  <u>Defer for one (1) week after lesions are completely healed.</u>  <u>Accept if greater than one (1) week after lesions are completely healed.</u></p> <p><b>For Immunization:</b>  <u>Defer for one (1) year if injected with VZIG (varicella zoster immune globulin) post-exposure.</u>  <u>Accept if greater than one (1) year since injection with VZIG.</u></p>
Chlamydia	<p><u>Defer for 12 months after treatment is completed.</u>  <u>Accept if greater than 12 months since treatment completion.</u></p>
Cholecystectomy (Gall Bladder Removal)	<p><u>Defer for one (1) week after surgery.</u>  <u>Accept if:</u>            1) Greater than one (1) week since surgery <b>AND</b>            2) Healed, symptom free and has resumed regular activity.</p>
Cholecystitis (Gall Bladder Inflammation)	<p><u>Defer for one (1) week after surgery.</u>  <u>Defer for 72 hours (3 days) after completion of therapy if medically corrected.</u>  <u>Accept if:</u>            1) Greater than one (1) week after surgery or 72 hours (3 days) after completion of medical treatment.            2) Healed, symptom free <b>and</b> resumed regular activity.</p>
Cholelithiasis (Gall Stones)	<p><u>Defer for one (1) week after surgery if surgically corrected.</u>  <u>Accept if all below conditions exist:</u>            1) Donor is symptom free.            2) No surgery or greater than one (1) week after surgery.            3) Healed and symptom free.            4) Has resumed regular activity.</p>
Chronic Bronchitis	<p><u>Defer for until symptom free and off antibiotics or medications to relieve symptoms for 72 hours (3 days).</u>  <u>Accept if the following conditions are met:</u>            1) Off antibiotics or medications to relieve symptoms for 72 hours (3 days).            2) Symptom free for 72 hours (3 days).</p> <p><i>See ASBP Medication Deferral List as applicable.</i></p>
Chronic Fatigue Syndrome (CFS)	Indefinite deferral.
Chronic Granulomatosis Disease	Requires Medical Director evaluation.
Chronic Renal Failure	<p><u>Defer if chronic renal disease.</u>  <u>Accept if condition resolved and kidney functions normal.</u></p>
Cirrhosis	<p>Indefinite deferral.</p> <p><i>Consult Medical Director to re-evaluate donor eligibility if donor has received a liver transplant.</i></p>
CJD (Creutzfeldt-Jacob Disease)	Indefinite deferral.
Cluster Headaches	<p><u>Defer if symptomatic.</u>  <u>Accept if donor feels well and symptom free.</u></p>
Coagulation Factor Deficiencies (Congenital)	Indefinite deferral.

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Coccidiomycosis	<u>Defer until</u> treatment is completed. <u>Accept if</u> donor is symptom-free, feels well and off all antifungal therapy for one (1) month.
Cold Sores	<u>Defer if</u> active/open. <u>Accept if</u> healed.
Colds	<u>Defer for</u> 72 hours (3 days) if taking antibiotics or cold medications. <u>Accept if the following conditions are met:</u> 1) Off antibiotics, or cold medications for 72 hours (3 days) <b>AND</b> 2) Donor is symptom free for 72 hours (3 days).
Colitis, Non-Specific	<u>Defer if</u> donor has diarrhea or Crohn's disease or ulcerative colitis. <u>Accept if the following conditions are met:</u> 1) No diarrhea for the past 7 days (1 week) <b>AND</b> 2) Donor does not have Crohn's disease or ulcerative colitis.
Collagen Implant (injection)	<u>Defer for</u> 12 months unless cell culture derived. <u>Accept if</u> cell culture derived or if greater than 12 months since implant. ***Consult physician to determine type of injection***
Colonoscopy	<u>Defer for</u> 72 hours (3 days) post procedure, if no biopsy. <u>Defer until</u> results available, if biopsy was performed.  If results are available, ask donor if physician told them whether additional testing needed or if any abnormalities were found. <u>Accept if</u> 72 hours (3 days) post procedure <b>and</b> biopsy was normal or not performed. <i>Consult with Medical Director to resolve any questions.</i>
Compartment Syndrome	<u>Defer until</u> well healed and has resumed regular activity. <u>Accept if</u> well healed <b>and</b> has resumed regular activity.
Concussion	<u>Defer until</u> off medication or symptom free. <u>Accept if</u> well and recovered <b>and</b> underlying condition is not a cause for deferral.
Congenital Heart Defect	<b><u>Defer for</u> twelve (12) months after diagnosis. If treatment received, defer twelve (12) months after treatment completion.</b>  <b><u>Accept if the following conditions are met:</u></b> 1) Greater than twelve months since diagnosis or treatment. 2) Has a letter from their physician approving blood donation <b>OR</b> 3) Donation is approved by the Medical Director.
Congestive Heart Failure	Indefinite deferral.
Conization	Refer to Medical Director for approval.
Conjunctivitis (pink eye)	<b><u>Defer if</u> less than 72 hours since treatment.</b>  <b><u>Accept if</u> greater than 72 hours since completion of treatment and donor has no signs of eye infection.</b>
Convulsions	<b><u>Defer if</u> seizures in the last twelve (12) months.</b>  <b><u>Accept if:</u> No seizures in the last twelve (12) months (with or without medications)</b>
COPD (Chronic Obstructive Pulmonary Disease)	Requires Medical Director evaluation.

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Coronary Artery Bypass Surgery	<p><b>Defer twelve (12) months after procedure.</b>  <b>Defer twelve (12) months if</b> received blood or blood product transfusion.  <b>Defer indefinitely if</b> donor received a transfusion of blood or blood products collected in the United Kingdom or France since 1980.</p> <p><b>Accept if below conditions exist:</b></p> <ol style="list-style-type: none"> <li>1) <b>Greater than twelve (12) months since the procedure</b></li> <li>2) Greater than 12 months from the blood transfusion and no transfusion in the UK or France.</li> <li>3) Donor has letter from their physician approving blood donation <b>OR</b></li> <li>4) Donor has medical director approval.</li> </ol>
Coronavirus	<b>Pending guidance.....</b>
Costochondritis	Accept.
Coxsackie Virus	Defer for two (2) weeks after recovery. Accept if greater than two (2) weeks since recovery <b>and</b> donor feels well.
CREST Syndrome	Indefinite deferral.
Creutzfeldt-Jacob Disease (CJD)	Indefinite deferral.
Crohn's Disease	Indefinite deferral.
Cryosurgery	Defer for 72 hours (3 days) after procedure. Accept if greater than 72 hours (3 days) <b>and</b> underlying condition is no reason for deferral. <i>Evaluate underlying condition for possible need to defer an additional period.</i>
Cryptococcosis	Defer until off antifungal therapy for one (1) month. Accept if well <b>and</b> symptom free <b>and</b> off all antifungal therapy for one (1) month.
Cryptosporidiosis	Defer until treated and no diarrhea for seven (7) days (1 week). Accept if treated <b>and</b> no diarrhea for the past seven (7) days (1 week).
Cushing's Disease	Defer if untreated. Accept if treated.
Cutaneous Larva Migrans	Defer for one (1) week after cessation of therapy and feels well. Accept if greater than one (1) week since cessation of therapy <b>and</b> donor feels well.
Cyst Removal	Defer for six (6) weeks. Accept if greater than six (6) weeks since removal.
Cystic Fibrosis	Indefinite deferral.
Cystitis (Bladder Infection)	Defer until 72 hours (3 days) after completing antibiotic therapy and resolved. Accept if greater than 72 hours (3 days) since completion of antibiotic therapy and condition is resolved.
Cytomegalovirus (CMV)	Defer if symptomatic. Accept if <b>antibody positive but</b> symptom free. <i>Refer to Medical Director for recent diagnosis of infection.</i>
Dementia	Consult with Medical Director. <i>Need to establish medical competency.</i>
Dengue Fever	Defer minimum 120 days from resolution of symptoms. <i>Requires Medical Director evaluation.</i>

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Medical Condition	Comment
Dental Procedures/Surgery	<p><u>Defer for</u> 24 hours (1 days) for cleanings or fillings.  <u>Defer for</u> 72 hours (3 days) for root canal, oral surgery, or tooth extraction (including wisdom tooth).  <u>Defer for</u> 12 months for periodontal bone graft (bovine-derived that is FDA/CDRH approved).  <u>Defer indefinitely</u> if graft source unknown.</p> <p><u>Accept if the below conditions exist (as applicable):</u></p> <ol style="list-style-type: none"> <li>1) Greater than 24 hours (1 days) for cleaning or fillings.</li> <li>2) Greater than 72 hours (3 days) for root canal, oral surgery, or tooth extraction (including wisdom tooth).</li> <li>3) Greater than 12 months if bone graft (bovine-derived that is FDA/CDRH approved) was performed.</li> <li>4) Graft is autologous.</li> </ol> <p><i>**For Periodontal Disease, see Periodontal Disease.</i></p>
Depression	Accept.
Dermatitis	<p><u>Defer only if</u> lesions in area of venipuncture.  <u>Accept if</u> no lesion in the area of the venipuncture.</p>
Dermatitis Herpetiformis	<p><u>Defer if</u> symptomatic.  <u>Accept if</u> symptom free.</p>
Dermatomyositis	Indefinite deferral.
Diabetes (High Blood Sugar)	<p><u>Defer indefinitely</u> for vCJD if injected with bovine (beef) insulin at any time since 1980.  <u>No deferral if</u> injected with porcine (pig) insulin.</p> <p><u>Accept if:</u>  Diabetes Mellitus and donor is on oral hypoglycemic, <b>or</b> synthetic (man-made) insulin and dosage is controlled and stable.  <i>**Diabetes Insipidus – Requires Medical Director evaluation.</i></p>
Dialysis	<p><u>Defer for</u> 12 months after last dialysis, <b>and</b> underlying cause for dialysis is not a cause for deferral.  <u>Accept if</u> greater than 12 months since last dialysis procedure <b>and</b> underlying cause for dialysis is not a cause for deferral.</p>
Diarrhea	<p><u>Defer if</u> donor has diarrhea.  <u>Accept if</u> greater than seven (7) days (1 week) since last episode of diarrhea.</p>
Dilation and Curettage	<p><u>Defer for</u> seven (7) days post procedure <b>unless</b> associated with pregnancy, termination or malignancy. <i>Requires Medical Director evaluation for malignancy.</i></p> <p><u>Accept if all the below conditions exist:</u></p> <ol style="list-style-type: none"> <li>1) Greater than seven (7) days (1 week) since procedure if no pregnancy, termination or malignancy.</li> <li>2) Greater than six (6) weeks if associated with pregnancy or termination.</li> <li>3) Greater than six (6) weeks and has medical director approval if associated with malignancy.</li> </ol>
Diverticular Disease	<p><u>Defer if</u> active disease or donor is febrile.  <u>Accept if</u> no active disease and afebrile.</p>
Down's Syndrome	<p><u>Defer if</u> donor does not understand the procedure or is mentally incompetent.  <u>Accept if</u> mentally competent and understands procedure.</p>

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Medical Condition	Comment
Dressler's Syndrome	<u>Defer if</u> symptomatic and unresolved. <u>Defer for</u> 12 months if received blood or blood component transfusion. <u>Accept</u> if resolved <b>and</b> symptom free.
Ear Infection (Otitis Media)	<u>Defer until</u> 72 hours after cessation of therapy. <u>Accept if</u> greater than 72 hours since completion of therapy <b>and</b> donor has no sign of infection.
Ectopic Pregnancy	<u>Defer for</u> six (6) weeks from procedure. <u>Accept if</u> greater than six (6) weeks from procedure.
Eczema	<u>Defer if</u> lesions are in the venipuncture area. <u>Accept if</u> lesions are not in the venipuncture area.
Ehlers Danlos Syndrome	Indefinite deferral.
Embolism	<u>Defer for</u> six (6) months after event and if not on anticoagulation therapy. <u>Accept if</u> greater than six (6) months <b>and</b> not taking anticoagulants.
Emphysema	<u>Defer if</u> donor is symptomatic. <u>Accept if</u> donor is symptom free <b>and</b> has Medical Director approval.
Encephalitis	Consult with Medical Director if donor had this diagnosis or treatment in the past 12 months. <u>Accept if:</u> 1) More than 12 months ago <b>AND</b> 2) No serious complications or disabling encephalopathy, cognitive or motor dysfunction interfering with occupation or activities of daily living, progressing over weeks to months in the absence of an explanation.
Endocarditis	<u>Defer if</u> symptomatic or on continuous antibiotic prophylaxis. <u>Accept if</u> symptoms-free <b>and</b> not on continuous antibiotic prophylaxis.
Endometriosis	<u>Accept.</u>
Endometritis	<u>Defer for</u> one (1) week after recovery and donor is afebrile. <u>Accept if</u> greater than one (1) week since recovery <b>and</b> donor is afebrile <b>and</b> feels well.
Endoscopy	<u>Defer if</u> biopsy was performed until results are available. <i>If results available, ask donor if treating physician required additional testing or if any abnormalities found. Consult Medical Director to resolve any questions.</i> <u>Accept if</u> 72 hours (3 days) post procedure if no biopsy was performed.
Eosinophilic Granuloma Histocytosis	Indefinite deferral.
Epilepsy	<u>Defer if</u> seizure in the past <b>twelve (12)</b> months. <u>Accept if</u> no seizures in the last <b>twelve (12)</b> months.
Epistaxis	<u>Defer if</u> donor has a bleeding disorder. <u>Accept if</u> donor does not have bleeding disorder.
Epstein Barr Virus	Refer to Medical Director for recent diagnosis of infection. <u>Accept if</u> donor is antibody positive but symptom free.
Erythema Nodosum	<u>Defer until</u> recovered. <u>Accept if</u> recovered <b>and</b> symptom free.
Erythrocytosis	Requires Medical Director evaluation of underlying cause. <u>Accept if</u> not related to polycythemia vera, chronic disease, <b>or</b> myeloproliferative disorder.

# Armed Services Blood Program Medical Conditions List

Medical Condition	Comment
Esophagitis	<u>Accept</u> if not from infectious etiology. <i>Consult Medical Director.</i>
Eye Conditions	<u>Defer</u> if less than 72 hours since treatment <u>Accept</u> if greater than 72 hours since completion of treatment and donor has no signs of eye infection.
Factor Deficiencies (Coagulation Factor Deficiencies)	Indefinite deferral.
Fainting	Requires Medical Director evaluation. Indefinitely deferred if frequent and recurring.
Fatty Liver Disease	<u>Indefinite deferral</u> for donors who have developed end stage liver disease (ESLD) and cirrhosis secondary to fatty liver disease. <u>Accept</u> if above criteria does not apply and donor meets other eligibility criteria.
Fatty Tumors	<u>Defer</u> if malignant. <u>Accept</u> if donor knows it is benign. <i>Refer to Medical Director to resolve any questions.</i>
Fever Blisters	<u>Defer</u> if active/open. <u>Accept</u> if healed.
Fibrocystic Disease Of Breast	Accept.
Fibroids	Accept.
Fibromyalgia	Accept.
Fifth's Disease	<u>Defer</u> if donor is symptomatic. <u>Exposure</u> : requires a 21-day (3 weeks) deferral from time of exposure. <u>Accept</u> if greater than 21 days (3 weeks) since time of exposure <b>and</b> donor is symptom-free.
Flu	<u>Defer</u> donors with active symptoms of the flu until symptom-free <b>and</b> off medications for 72 hours (3 days). <u>Accept</u> if off medications <b>and</b> symptom free for 72 hours (3 days).
Food Poisoning	<u>Defer</u> for seven (7) days (1 week) <b>and</b> until feeling well and symptom free. <u>Accept</u> if greater than seven (7) days (1 week) since incident <b>and</b> donor is symptom free. <i>Ask donor if he/she knows if causative organism was identified, i.e. – Salmonella, Shigella, etc. If so, refer to specific agent for guidance.</i>
Fractures	<u>Defer</u> if either of the below conditions exists: <ol style="list-style-type: none"> <li>1. Any type of surgery until the cast is removed and all wounds are healed.</li> <li>2. Cast location impedes/interfere with access for phlebotomy.</li> <li>3. Donor's crutches (if applicable) would interfere or apply pressure on the phlebotomy site.</li> </ol> <u>Accept</u> if: <ol style="list-style-type: none"> <li>1. Simple fracture/break (no surgery), OR cast is removed and wound is completely healed.</li> <li>2. Phlebotomy site is accessible.</li> <li>3. Crutches (if applicable) would not apply pressure on the phlebotomy site.</li> </ol>
Fungal Infection	<u>Defer</u> until off antifungal therapy for one (1) month. <u>Accept</u> if one of the following criteria is met: <ol style="list-style-type: none"> <li>1) Involving only skin or nails (away from venipuncture site) <u>AND</u> off antifungal therapy for one (1) month.</li> <li>2) Other tissues involved <b>and</b> donor is well <b>and</b> symptom free <b>and</b> off all antifungal therapy for one (1) month.</li> </ol>

# Armed Services Blood Program Medical Conditions List

Medical Condition	Comment
G6PD Deficiency	<u>Defer for</u> allogeneic RBC donations. <u>Accept for</u> platelet donation and plasmapheresis.
Gall Bladder Inflammation (Cholecystitis)	<u>Defer for</u> one (1) week after surgery. <u>Defer for</u> 72 hours (3 days) after completion of therapy if medically corrected. <u>Accept if:</u> 1) Greater than one (1) week after surgery or 72 hours (3 days) after completion of medical treatment. 2) Healed, symptom free <b>and</b> resumed regular activity.
Gall Bladder Removal (Cholecystectomy)	<u>Defer for</u> one (1) week after surgery. <u>Accept if:</u> 1) Greater than one (1) week since surgery <b>AND</b> 2) Healed, symptom free and has resumed regular activity.
Gall Stones (Cholelithiasis)	<u>Defer for</u> one (1) week after surgery if surgically corrected. <u>Accept if all below conditions exist:</u> 1) Donor is symptom free. 2) No surgery or greater than one (1) week after surgery. 3) Healed and symptom free. 4) Has resumed regular activity.
Ganglion Cyst	Accept.
Gastric Bypass	<u>Defer for</u> six (6) weeks after <b>procedure</b> . <u>Accept if:</u> 1) Greater than six (6) weeks post procedure. 2) The incision must be healed, <b>and</b> donor has returned to normal activities. 3) The donor has approval from their physician for blood donation.
Gastritis	<u>Defer until</u> symptom free. <u>Accept if</u> symptom-free.
<b>Gastroenteritis</b>	<b><u>Defer for 2 weeks</u> after symptoms and treatment is complete.</b> <b><u>Accept if donor has completed treatment and is symptom-free for two weeks.</u></b>
Gastroesophageal Reflux Disease (GERD)	Accept.
Genital Herpes	<u>Defer if</u> active lesions present and for one (1) week afterwards. <u>Accept if</u> greater than one (1) week <b>and</b> when lesions are inactive.
Genital Warts (Human Papilloma Virus)	<u>Defer until</u> healed if recently removed. <u>Accept if</u> healed and no recent lesions.
GERD (Gastroesophageal Reflux Disease)	Accept.
<b>German Measles (Rubella)</b>	<b><u>Defer until</u> donor afebrile <b>and</b> free of major symptoms.</b> <b><u>Accept if</u> donor is afebrile <b>and</b> free of major symptoms.</b> <b><u>Defer for</u> one (1) month after exposure unless immunization or previous infection can be documented.</b> <b><u>Accept if</u> greater than one (1) month for exposure if donor has not had immunization or previous infection.</b> <b><u>Accept if</u> donor has evidence of immunization or prior infection before exposure (documented evidence must be provided prior to donation).</b>  <b><i>Major Symptoms (include, but not limited to): high grade fever, sore throat, rash on face/body, headache, and pink eye/conjunctivitis.</i></b>
Giardiasis	<u>Defer until</u> one (1) week after cessation of therapy and feels well. <u>Accept if</u> greater than one (1) week since completion of therapy <b>and</b> donor feels well.

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Medical Condition	Comment
Glaucoma	<u>Defer if less than 72 hours from treatment.</u> <u>Accept if greater than 72 hours since treatment completion and no signs of eye</u>
Glomerulonephritis	<u>Defer if chronic renal disease.</u> <u>Accept if condition resolved and kidney functions normal.</u>
Glomerulosclerosis	<u>Defer if chronic renal disease.</u> <u>Accept if condition resolved and kidney functions normal.</u>
Gonorrhea	<u>Defer for 12 months after treatment completed.</u> <u>Accept if greater than 12 months since treatment completion.</u> <i>Note: Donor must provide documentation.</i>
Gout	<u>Defer until inactive.</u> <u>Accept if controlled by on medication</u> (refer to Medication List).
Grafts	<b>Defer for 12 months for donors who have received <u>allogeneic graft(s)</u>.</b> <b>Defer indefinitely if from non-human source. See "Xenotransplantation." For guidance.</b> <b>Defer autologous graft for one (1) day if not healed.</b> <b>Accept if greater than 12 months after <u>allogeneic graft</u>.</b> <b>Accept autologous graft if healed.</b> <i>For dental grafts, refer to "Dental Procedures/Surgery" for guidance.</i>
Granuloma Annulare	<u>Defer if venipuncture area is involved.</u> <u>Accept if venipuncture area is not involved.</u>
Grave's Disease	<u>Defer if patient has abnormal thyroid test results at last doctor's visit.</u> <u>Accept if patient reports normal thyroid tests at last visit to MD and feels well.</u>
Growth Hormone	<u>Indefinite deferral if donor received human pituitary-derived growth hormone.</u> <u>Accept if donor received only recombinant growth hormone.</u> <i>(Recombinant growth hormone became commercially available in 1985)</i>
Guillain-Barre Syndrome	<u>Defer until recovered and symptom free.</u> <u>Accept if recovered and symptom free.</u>
Hairy Cell Leukemia	Indefinite deferral.
Hand, Foot and Mouth Disease	<u>Defer for 72 hours (3 days) after treatment.</u> <u>Accept if the following criteria is met:</u> 1) Donor has been treated and symptom free <u>AND</u> 2) Greater than 72 hours (3 days) since treatment.
Hashimoto's Thyroiditis	<u>Defer if patient has abnormal thyroid test results on last doctor's visit.</u> <u>Accept if patient reports normal thyroid tests results at last visit to physician and feels well.</u>
Hay Fever	Accept.
Head Injury	<u>Indefinite Deferral if injury resulted in neurological damage.</u> <u>Accept if injury did not result in indefinite neurological damage.</u> <i>Consult Medical Director if extent of injury is unclear.</i>
Headache	<u>Defer until resolved and donor feels well for cluster, migraine, tension headaches.</u> <u>Accept if headache is resolved and donor feels well.</u>

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Medical Condition	Comment
Heart Attack	<p><u>Defer for twelve (12) months after event. If treatment received, defer twelve (12) months after treatment.</u></p> <p><u>Accept if the following conditions are met:</u></p> <ol style="list-style-type: none"> <li>1) Greater than twelve months since event or treatment.</li> <li>2) Has a letter from their physician approving blood donation <b>OR</b></li> <li>3) Donation is approved by the Medical Director.</li> </ol>
Heart Murmurs	<p><u>Defer for twelve (12) months after diagnosis. If treatment received, defer twelve (12) months after treatment.</u></p> <p><u>Accept if the following conditions are met:</u></p> <ol style="list-style-type: none"> <li>1) Greater than twelve months since diagnosis or treatment.</li> <li>2) Has a letter from their physician approving blood donation <b>OR</b></li> <li>3) Donation is approved by the Medical Director.</li> </ol>
Heart Surgery	<p><u>Defer for twelve (12) months from date of procedure.</u></p> <p><u>Accept if the following conditions are met:</u></p> <ol style="list-style-type: none"> <li>1) Greater than twelve months since procedure.</li> <li>2) Has a letter from their physician approving blood donation <b>OR</b></li> <li>3) Donation is approved by the Medical Director.</li> </ol> <p><b>Defer Indefinitely for Pacemaker.</b></p>
Heartburn	Accept.
Heat Injuries	<p><u>Defer for six (6) months if treatment obtained in an emergency room or if donor was hospitalized.</u></p> <p><u>Accept if <b>one of</b> the following conditions are met:</u></p> <ol style="list-style-type: none"> <li>1) Minor heat exhaustion/dehydration with no hospitalization <b>AND</b></li> <li>2) Greater than six (6) months since hospitalization <b>and</b> donor has returned to normal activities.</li> </ol>
Helicobacter Pylori	Accept.
Hematuria	<p><u>Defer until</u> evaluated by doctor, then re-evaluate with diagnosis.</p> <p><u>Accept if</u> underlying condition has been resolved <b>and</b> the condition is not a cause for deferral.</p>
Hemochromatosis	Indefinite deferral.
Hemodialysis	<p><u>Defer for</u> 12 months after last dialysis.</p> <p><u>Accept if</u> greater than 12 months since last dialysis.</p>
Hemolytic Anemias	Refer to Medical Director.
Hemophilia	Indefinite deferral.
Hemorrhoids	<p><u>Defer until</u> healing is complete if post-operative.</p> <p><u>Accept if</u> no bleeding <b>and</b> therapy or treatment is complete.</p>
Henoch-Schönlein Purpura	<p><u>Defer until</u> disease is completely inactive. <u>Defer if</u> chronic renal failure is present.</p> <p><u>Accept if</u> condition is resolved <b>and</b> kidney function is normal.</p>

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Medical Condition	Comment
Hepatitis	<p><u>Defer for</u> one (1) year from the date of last contact if sexual contact or living with a person who has HBV or HCV infection.  <u>Defer</u> if the type of Hepatitis is unknown.  <u>Defer</u> if donor is confirmed positive for Hepatitis B or C.</p> <p>Accept if:</p> <ol style="list-style-type: none"> <li>1) Non-viral hepatitis <u>AND</u></li> <li>2) Greater than one (1) year since sexual contact or living with someone with Hepatitis C.</li> </ol>
Hereditary Angioedema	<p><u>Defer indefinitely</u> if symptomatic.</p> <p><u>Accept for</u> RBC donation <u>only</u> if symptom free.</p>
Hereditary Spherocytosis	<p><u>Defer indefinitely</u> if for RBC donations.</p> <p><u>Accept for</u> plasma or platelet donations only.</p>
Hernia	<p>If surgically corrected, see <i>Surgical Procedures</i>.</p> <p>Accept, if not surgically corrected.</p>
Herniated Disc	Accept.
Herpangina	<p><u>Defer for</u> two (2) weeks (infection in the mouth caused by Coxsackie A Virus).  <u>Accept</u> if greater than two (2) weeks <b>and</b> donor is symptom free.</p>
Herpes Simplex	<p><u>Defer</u> if active/open.  <u>Accept</u> if healed.</p>
Hidradenitis [Inflammation of sweat gland(s)]	<p><u>Defer until</u> antibiotic therapy is complete.  <u>Accept</u> if completed antibiotic therapy.</p>
High Blood Pressure	<p><u>Defer</u> if blood pressure is outside acceptable limits.  <u>Accept</u> if controlled with medications (check Medication Deferral List) <b>and</b> blood pressure is acceptable at the time of donation.</p>
Hirschsprung's Disease	<p><u>Defer</u> if symptomatic.  <u>Accept</u> if recovered <b>and</b> symptom free.</p>
Histoplasmosis	<p><u>Indefinite deferral</u> if donor has systemic or active disease.  <u>Accept</u> if disease diagnosed by chest x-ray findings as inactive disease.</p>
HIV Test Confirmed Positive	Indefinite deferral.
HIV Test-Not Confirmed	Indefinite deferral.
Hodgkin's Disease	Indefinite deferral.
Human Bite	<p><u>Defer for</u> 12 months.  <u>Accept</u> if greater than 12 months <b>and</b> site is healed.</p>
Human Papilloma Virus (HPV)	<p><u>Defer until</u> healed if recently removed.  <u>Accept</u> if healed and no recent lesions.</p>
Human T-Cell Lymphotropic Viruses, types I and II	Indefinite Deferral.
Huntington's Disease	<p>Indefinite deferral.  Accept family members if they meet donor criteria.  <i>This disease is inheritable, not contagious.</i></p>

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Medical Condition	Comment
Hydrocele	<u>Defer until</u> incision is healed. <u>Accept if either of the below conditions exist:</u> 1) Donor has been released from physician's care, feels well, and returned to duty. 2) If surgery is involved less than one (1) day hospitalization, without allogeneic or autologous blood or blood product transfusion(s), organ or tissue transplants.
Hydrocephalus	<u>Defer if</u> active history of seizures last <b>twelve (12)</b> months, mentally incompetent or has an infection. <u>Accept if</u> mentally competent, no infection, no active seizure in the past <b>twelve (12)</b> months.
Hyperlipidemia	Accept.
Hyperparathyroidism	Requires Medical Director evaluation of underlying cause.
Hypertension	<u>Defer if</u> blood pressure is outside acceptable limits. <u>Accept if</u> controlled with medications (check Medication List) <b>and</b> blood pressure is acceptable at the time of donation.
Hyperthyroidism	<u>Defer if</u> donor thyroid test results were abnormal on their last doctor's visit. <u>Accept if</u> donor reports normal thyroid tests results at last visit to medical provider <b>and</b> feels well.
Hypoglycemia	<u>Defer if</u> donor has not eaten before coming to donate or cannot eat before starting the donation. <u>Accept if</u> donor has eaten before presentation. Encourage eating before donation.
Hypoparathyroidism	Requires Medical Director evaluation of underlying cause.
Hypothyroidism	<u>Defer if</u> donor thyroid test results were abnormal on their last doctor's visit. <u>Accept if</u> donor reports normal thyroid tests results at last visit to MD <b>and</b> feels well.
Hysterectomy	<u>Defer for</u> 12 months if received blood transfusion. <u>Defer indefinitely if</u> donor received a transfusion of blood or blood products collected in the United Kingdom or France since 1980. <u>Defer until</u> released from doctor's care, donor feels well and has resumed full activity. <u>Accept if:</u> 1) Released from doctor's care, feels well, <b>and</b> full activity has been resumed <b>AND</b> 2) Greater than 12 months since transfusion <b>and</b> no transfusions in the UK or France.
(IBS) Irritable Bowel Syndrome	<u>Defer until</u> symptom free and no longer taking any medications that would cause a deferral. <u>Accept if</u> symptom free <b>and</b> not taking deferring medications.
Idiopathic Thrombocytopenic Purpura (ITP)	<u>Indefinite deferral if</u> adult form of ITP. <u>Accept if</u> donor had childhood ITP (up to age 13) <b>and</b> now well.
Infections	See Bacterial Infections
Infectious Mononucleosis	<u>Defer until</u> symptom free. <u>Indefinite deferral if</u> infectious mononucleosis-associated hepatitis. <u>Accept if</u> symptom free <b>and</b> infectious mononucleosis was not associated with hepatitis.
Insect Bites (See Dermatitis)	<u>Defer if</u> bite-site is infected or in area of venipuncture. <u>Accept if</u> there is no infection <b>and</b> bite is not in area of the venipuncture.

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Medical Condition	Comment
Insecticide Exposure	Evaluate on individual basis; find out through public agencies the chemical nature of the agent; determine if this would alter red cell storage or prove dangerous to a patient.  <i>Consult the Medical Director for acceptance.</i>
Irritable Bowel Syndrome (IBS)	<u>Defer until</u> symptom free and no longer taking any medications that would cause a deferral. <u>Accept if</u> symptom free <b>and</b> not taking deferring medications.
Isosporiasis	<u>Indefinite deferral</u> if chronic intestinal infection (more than one (1) month duration of diarrhea).  <u>Accept if</u> intestinal infection was less than one (1) month <b>and</b> donor is symptom free.
Itching	<u>Defer until</u> symptom free. <u>Accept if</u> donor is symptom free <b>and</b> underlying cause is not a reason for deferral.
ITP (Idiopathic Thrombocytopenic Purpura)	<u>Indefinite deferral</u> if adult form of ITP. <u>Accept if</u> donor had childhood ITP (up to age 13) <b>and</b> now well.
Jaundice	Evaluate cause, consult with Medical Director.
Kaposi's Sarcoma	Indefinite deferral.
Keratoconjunctivitis	<i>Defer for 72 hours after completion of treatment.</i>  <i>Accept if greater than 72 hours since treatment and donor has no signs of infection.</i>
Kidney Donation	<i>Requires Medical Director review and approval.</i>
Kidney Stones	Accept.
Kidney Transplantation	Indefinite deferral.
Langerhans Cell Histiocytosis	Indefinite deferral.
Laparoscopy	<u>Defer for</u> 72 hours (3 days) if for tubal ligation. <u>Accept if</u> greater than 72 hours (3 days) <b>and</b> donor had tubal ligation.  <u>Defer for</u> one (1) month, needs medical director approval based on reason for the procedures.  <u>Accept if</u> greater than one (1) month for all other procedures <b>and</b> donor has Medical Director approval.
Laparotomy	<u>Defer until</u> incision is healed (minimum of 6 weeks) and released from physician's care. Document reason for laparotomy.  <u>Accept if the following conditions are met:</u> 1) Greater than six (6) weeks and incision is healed. 2) The reason for the procedure is not a cause for deferral.
LASIK	<i>Defer if less than 72 hours since treatment</i>  <i>Accept if greater than 72 hours since completion of treatment and donor has no signs of eye infection.</i>

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Medical Condition	Comment
LEEP (Loop Electrosurgical Excision Procedure)	<u>Defer for six (6) weeks.</u> <i>Used to treat cervical dysplasia.</i> <u>Accept if all the following conditions are met:</u> 1. Greater than six (6) weeks since procedure. 2. Donor has resumed normal activity. 3. Donor has Medical Director Approval.
Left Bundle Branch Block	<u>Defer until</u> donor is symptom free. <u>Accept if all the following conditions are met:</u> 1) Donor is symptom free and approved by donor's physician. 2) Donor has Medical Director Approval.
Legionnaire's Disease	<u>Defer for 72 hours (3 days)</u> after oral antibiotic course completion. <u>Accept if the following conditions are met:</u> 1) Greater than 72 hours (3 days) since completion of oral antibiotic therapy <b>AND</b> 2) Donor is feeling well <b>and</b> symptom-free.  <u>Defer for one (1) week</u> if antibiotic administered IM or IV. <u>Accept if the following conditions are met:</u> 1) Donor is feeling well and symptom-free <b>AND</b> 2) Greater than one (1) week since the completion of IV or IM antibiotics treatment.  <i>Consult with Medical Director for resolution of questions.</i>
Leishmaniosis ( <b>Leishmaniasis</b> )	Indefinite Deferral.
Leprosy	Indefinite Deferral.
Leukemia	Indefinite Deferral.
Leukoplakia	Accept.
Lipomas	<u>Defer if malignant.</u> See Cancer. <u>Accept if</u> lipomas are not in antecubital areas <b>and</b> are benign.
<b>Liver Disease</b>	<b><i>See specific conditions.</i></b>
Lou Gehrig's Disease	Indefinite deferral.
Lung Disorders	See specific medical condition. Requires Medical Director evaluation for approval.
Lung Surgery	<u>Defer until</u> released from doctor's care and donor feels well. <i>Requires Medical Director evaluation of reason for procedure.</i> <i>Underlying condition must be documented.</i>  <u>Accept if all the following conditions are met:</u> 1) Donor has been released from doctor's care and feels well. 2) Underlying condition is not cause for deferral. 3) Donor has medical director approval for donation.
Lupus (Discoid)	<u>Defer Indefinitely.</u> <u>Accept if</u> only skin involved.
Lupus (Systemic)	Indefinite deferral.
Lyme Disease	<u>Defer if</u> febrile or symptomatic. <i>Typical symptoms may include flu-like symptoms, skin rash, and/or joint pain.</i> <i>Usually occurs two (2) weeks after a tick bite.</i>  <u>Accept if</u> greater than 12 months after completion of therapy <b>and</b> symptom free. <u>Accept with</u> positive antibody if above criteria are met.

# Armed Services Blood Program Medical Conditions List

Medical Condition	Comment
Lymphadenopathy	Requires Medical Director evaluation. <i>May be sign of HIV infection or other diseases.</i>
Malaria	<u>Defer for three (3) years</u> after completion of therapy.  <u>Accept if all the following conditions have been met:</u> 1) Greater than three (3) years since completion of therapy. 2) The donor has been symptom free for three (3) years since the completion of therapy. 3) Donor is currently symptom free.
Malignancy	<u>Indefinite deferral for malignant melanoma, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, myelodysplastic syndrome, polycythemia vera, and Paget's disease of breast.</u>  <u>Accept all other malignancy with Medical Director approval.</u>
Manic-Depressive	<i>See Bipolar Disorder.</i>
Mastitis	<u>Defer for two (2) weeks</u> after cessation of therapy and feels well. <u>Accept if greater than two (2) weeks</u> since completion for therapy <b>and</b> donor feels well.
Measles	<u>Defer until donor afebrile and free of major symptoms.</u>  <u>Accept if donor is afebrile and free of major symptoms.</u> <u>Defer for one (1) month</u> after exposure unless immunization or previous infection can be documented.  <u>Accept if greater than one (1) month</u> for exposure if donor has not had immunization or previous infection.  <u>Accept if donor has evidence of immunization or prior infection before exposure (documented evidence must be provided prior to donation).</u>  <i>Major Symptoms (include, but not limited to): high grade fever, sore throat, rash on face/body, headache, and pink eye/conjunctivitis.</i>
Melanoma	Indefinite deferral.
Meniere's Disease	<u>Defer if symptomatic.</u> <u>Accept if currently symptom free.</u>
Meningitis	<u>Defer for four (4) weeks.</u> <u>Accept if greater than four (4) weeks.</u>  <i>Consult with Medical Director if donor is uncertain of diagnosis and/or treatment.</i>
Mickulicz Syndrome	Indefinite deferral.
Migraine	<u>Defer until resolved and feels well.</u> <u>Accept if migraine is resolved and donor feels well.</u>
Miscarriage	<u>Defer for six (6) weeks.</u> <u>Accept if greater than six (6) weeks and no other cause for deferral exist.</u>
Mitral Insufficiency or Mitral Valve Prolapse	<u>Defer until symptom free.</u>  <u>Accept if all the following conditions are met:</u> 1) Symptom free – no arrhythmias. 2) No limitation of activities. 3) On prophylactic antibiotics. 4) On Inderal (Propranolol). 5) Has medical director approval.  <i>Note: Other medications require Medical Director approval.</i>

# Armed Services Blood Program Medical Conditions List

Medical Condition	Comment
Mononucleosis ("Mono")	<u>Defer until</u> symptom free. <u>Accept if</u> symptom free <b>and</b> condition was not associated with hepatitis.
Multiple Sclerosis	Indefinite deferral.
Mumps	<u>Defer for</u> 14 days (2 weeks) after the resolution of all symptoms of infection. <u>Accept if</u> greater than 14 days (2 weeks) since resolution of all symptoms. <u>Defer for</u> 28 days (4 weeks) after the last recognized contact if donor has had contact with a person with mumps. <u>Accept if</u> greater than 28 (4 weeks) days since last contact with a person with mumps. <u>Contact is defined as any of the following situations:</u> <ol style="list-style-type: none"> <li>1) Living in the same dwelling as a patient with mumps diagnosis.</li> <li>2) Recognized direct contact with upper respiratory secretions or sharing utensils that might be contaminated with upper respiratory secretions from a patient with mumps diagnosis.</li> <li>3) Contact within three (3) feet of a patient with a mumps diagnosis without the use of barrier precautions.</li> </ol>
Murmurs	<u>Defer for twelve (12) months after event. If treatment received, defer twelve (12) months after treatment.</u>  <u>Accept if the following conditions are met:</u> <ol style="list-style-type: none"> <li>1) Greater than twelve months since event or treatment.</li> <li>2) Has a letter from their physician approving blood donation <b>OR</b></li> <li>3) Donation is approved by the Medical Director.</li> </ol>
Muscular Dystrophy	Determine type and contact Medical Director for deferral status. <u>Defer if</u> donor does not know type. <u>Accept if</u> Medical Director approves.
Myasthenia Gravis	Indefinite deferral.
Mycobacterial Infections	<u>Indefinite deferral if</u> disseminated or extra pulmonary disease, all types. <u>Defer for</u> active infection. <u>Accept if</u> greater than 12 months after completion of therapy with no evidence of active disease.
Mycosis Fungoides	Indefinite deferral.
Myocardial Infarction (MI)	<u>Defer for twelve (12) months after event. If treatment received, defer twelve (12) months after treatment.</u>  <u>Accept if the following conditions are met:</u> <ol style="list-style-type: none"> <li>1) Greater than twelve months since event or treatment.</li> <li>2) Has a letter from their physician approving blood donation <b>OR</b></li> <li>3) Donation is approved by the Medical Director.</li> </ol>
Myocarditis	<u>Defer for twelve (12) months after event. If treatment received, defer twelve (12) months after treatment.</u>  <u>Accept if the following conditions are met:</u> <ol style="list-style-type: none"> <li>1) Greater than twelve months since event or treatment.</li> <li>2) Has a letter from their physician approving blood donation <b>OR</b></li> <li>3) Donation is approved by the Medical Director.</li> </ol> <u>Indefinite deferral if</u> congestive heart failure present.
Narcolepsy	<u>Defer if</u> falling asleep during the screening process. <u>Accept if</u> awake.

# Armed Services Blood Program Medical Conditions List

Medical Condition	Comment
Nephritis	<u>Defer until</u> renal function is normal and condition is resolved. <u>Accept if</u> renal function is normal <b>and</b> condition resolved, otherwise refer to Medical Director.
Nephroblastoma (Wilms' Tumor)	Indefinite deferral.
Nephrosclerosis	Requires Medical Director evaluation.
Neuralgia	Accept.
Neuroblastoma	Indefinite deferral.
Neurofibromatosis	<u>Defer until</u> donor is in good health (no infection or malignancy) <b>and</b> no lesion in the antecubital area. <u>Accept if</u> donor is in good health (no infections or malignancies) <b>and</b> has no lesions in the antecubital area that may interfere with the aseptic scrub.
New Variant Creutzfeldt-Jacob Disease (vCJD)	Indefinite Deferral.
Non Specific Urethritis	<u>Defer until</u> symptom free <b>and</b> therapy complete. <u>Accept if</u> symptom free <b>and</b> therapy is complete.
Nose Bleed	<u>Defer if</u> donor has a bleeding disorder. <u>Accept if</u> donor does not have bleeding disorder.
Nursing Mothers	Accept if <b>greater than 6 (six) weeks post-partum</b> .  Donors who have had any pregnancies are considered "TRALI risk" donors.  Apheresis plasma, whole blood derived plasma, and whole blood unit for transfusion from all blood groups (A, B, AB, and O) should not be manufactured unless donor is tested negative for HLA I and II antibodies since most recent pregnancy.  If donor is not tested, or tested positive for HLA I or II antibodies, apheresis plasma, whole blood derived plasma for transfusion and other high plasma-volume blood components (including apheresis platelets) from all blood groups should not be manufactured.
Orthopedic Injuries (to include: casts, walking boots, and splints)	<u>Defer if either of the below conditions exists:</u> <ol style="list-style-type: none"> <li>1. Any type of surgery until the cast is removed and all wounds are healed.</li> <li>2. Cast location impedes/interfere with access for phlebotomy.</li> <li>3. Donor's crutches (if applicable) would interfere or apply pressure on the phlebotomy site.</li> </ol> <u>Accept if:</u> <ol style="list-style-type: none"> <li>1. Simple fracture/break (no surgery), OR cast is removed and wound is completely healed.</li> <li>2. Phlebotomy site is accessible.</li> <li>3. Crutches (if applicable) would not apply pressure on the phlebotomy site.</li> </ol>
Osgood-Schlatter Disease	Accept.
Osteomyelitis	<u>Defer until</u> one (1) week after cessation of therapy and feels well. <u>Accept if</u> greater than one (1) week after completion of therapy.
Osteoporosis	Accept.
Otitis Media (Ear Infection)	<u>Defer until</u> 72 hours after cessation of therapy. <u>Accept if</u> greater than 72 hours since completion of therapy <b>and</b> donor has no sign of infection.
Ovarian Cysts	<u>Accept if</u> released from doctor's care <b>and</b> donor feels well. <i>Consult Medical Director if diagnosis of malignancy.</i>

# Armed Services Blood Program Medical Conditions List

Medical Condition	Comment
Pacemaker	Indefinite deferral.
Paget's Disease Of Bone	Accept. This is a metabolic bone disease.
Palpitations	Accept.
Pancreatitis	<u>Defer until</u> symptom free and well. <u>Accept if</u> symptom free <b>and</b> donor feels well.
Parkinson's Disease	Requires Medical Director evaluation.
Paroxysmal Nocturnal Hemoglobinuria	Indefinite deferral.
Parvovirus	<u>Exposure</u> requires 21-day (3 weeks) deferral from time of exposure. <u>Defer until</u> donor is afebrile <b>and</b> free of major symptoms.  <u>Accept if:</u> 1) Donor is afebrile and symptom free <u>AND</u> 2) Greater than 21 days (3 weeks) since exposure.
Pelvic Inflammatory Disease (PID)	<u>Defer until</u> resolved and feels well. <u>Defer for</u> 12 months from completion of treatment if causative agent is sexually transmitted (i.e. gonorrhea).  <u>Accept if:</u> 1) Donor is symptom free and donor feels well <u>AND</u> 2) Greater than 12 months after the completion of treatment if causative agent is sexually transmitted.
Pink Eye (Conjunctivitis)	<u>Defer if less than 72 hours since treatment.</u>  <u>Accept if greater than 72 hours since completion of treatment and donor has no signs of eye infection.</u>
Pemphigoid/Pemphigus Vulgaris	Indefinite deferral.
Pericarditis	<u>Defer until</u> resolved, off medications, <b>and</b> symptom free. <u>Accept if</u> resolved, symptom free <b>and</b> not on related medications.
Periodontal Disease	<u>Defer until</u> 30 days from last episodes.  <u>Accept if all of the following conditions are met:</u> 1) Past episodes were acute. 2) The donor has been symptom free for at least 30 days prior to the day of donation. 3) No dental or periodontal therapy has been necessary for at least 30 days prior to the day of donation.
Peripheral Vascular Disease	<u>Defer if heart disease is a cause for deferral. Question donor about heart disease. Consult Medical Director if etiology is unclear.</u> <u>Accept if donor meets all other criteria.</u>
Peritoneal Dialysis	<u>Defer for</u> 12 months after last dialysis. <u>Accept if</u> greater than 12 months since last dialysis.
Pernicious Anemia	<u>Defer if</u> hemoglobin or hematocrit is not acceptable for donation. <u>Accept if</u> hemoglobin or hematocrit is acceptable for donation.
Phlebitis	<u>Defer until</u> off medication for one (1) month <b>and</b> symptom free. <u>Accept if</u> greater than one (1) month since the completion of medication <b>and</b> donor is symptom free.

# Armed Services Blood Program Medical Conditions List

Medical Condition	Comment
Physical Therapy	<u>Accept if:</u> 1) Phlebotomy site is accessible. 2) The donor does not use crutches that would interfere or apply pressure on the phlebotomy site.
PID (Pelvic Inflammatory Disease)	<u>Defer until</u> resolved and feels well. <u>Defer for</u> 12 months from completion of treatment if causative agent is sexually transmitted (i.e. gonorrhea). <u>Accept if:</u> 1) Donor is symptom free and donor feels well <b>AND</b> 2) Greater than 12 months after the completion of treatment if causative agent is sexually transmitted.
Pilonidal Cysts	<u>Defer until</u> afebrile <b>and</b> off medications. <u>Accept if</u> meets all donor criteria, no chronic fever, <b>and</b> no medications.
Pityriasis	<u>Defer if</u> lesions are in the venipuncture area. <u>Accept if</u> no lesions are in venipuncture area.
PRK (Photorefractive Keratectomy)	<u>Defer if less than 72 hours since procedure</u> <u>Accept if greater than 72 hours since procedure and donor has no signs of eye infection.</u>
Pleurisy	<u>Defer for</u> until symptom free. <u>Accept if</u> symptom free.
Pneumoconiosis (Black Lung Disease)	Indefinite deferral.
Pneumonia	<u>Defer for</u> until off antibiotics 72 hours (3 days), resolved, and symptom free. <u>Indefinite deferral if</u> recurrent pneumonia (more than one (1) episode of acute pneumonia within one (1) year diagnosed by culture and radiologic evidence). <u>Accept if the following conditions are met:</u> 1) Greater than 72 hours (3 days) since completion of antibiotic therapy and symptom free <b>AND</b> 2) Only one (1) prior episode of pneumonia in the last year.
Pneumothorax	Requires Medical Director evaluation if known disease. <u>Accept if</u> no known disease.
Poison Ivy	<u>Defer for</u> until donor is symptom free <b>and</b> no lesions in the venipuncture area. <u>Accept if</u> venipuncture site is free of lesions and donor has no other symptoms.
Poliomyelitis	<u>Defer if</u> active infection. <u>Accept if</u> no active infection.
Polycystic Kidney Disease	<u>Defer indefinitely if</u> renal function abnormal. <u>Accept if</u> renal function normal.
Polycythemia	Indefinite deferral.
Polymyalgia Rheumatica	Indefinite deferral.
Polymyositis	Indefinite deferral.
Polyuria	<u>Defer indefinitely if</u> renal failure. <u>Accept if</u> no renal failure.
Porphyria Cutanea Tarda	Indefinite deferral.

# Armed Services Blood Program Medical Conditions List

Medical Condition	Comment
Post-Splenectomy	<p><u>Defer until</u> completely healed and released by physician if removed due to trauma. If removed due to disease, obtain medical director approval.</p> <p><u>Accept if:</u></p> <ol style="list-style-type: none"> <li>1) Spleen removed because of trauma, released from medical care, <b>and</b> donor feels well and healthy <b>OR</b></li> <li>2) Has medical director approval if removed because of disease.</li> </ol>
Pott's Disease (Tuberculous spondylitis)	<u>Indefinite deferral.</u>
Pregnancy	<p><u>Defer</u> during pregnancy <b>and</b> for 6 weeks after delivery or termination.</p> <p><u>Accept if</u> greater than six weeks after delivery or termination.</p> <p>Donors who have had any pregnancies are considered "TRALI risk" donors.</p> <p>Apheresis plasma, whole blood derived plasma, and whole blood unit for transfusion from all blood groups (A, B, AB, and O) should not be manufactured unless donor is tested negative for HLA I and II antibodies since most recent pregnancy.</p> <p>If donor is not tested, or tested positive for HLA I or II antibodies, apheresis plasma, whole blood derived plasma for transfusion and other high plasma-volume blood components (including apheresis platelets) from all blood groups should not be manufactured.</p>
Premature Atrial Contractions	<p><u>Defer until</u> symptom free, no medications for this condition, <b>and</b> donor has no restriction of activities.</p> <p><u>Accept if all of the following conditions are met:</u></p> <ol style="list-style-type: none"> <li>1) Donor is symptom free.</li> <li>2) Donor has no restrictions on duty or activity.</li> <li>3) Donor is not currently taking medications for this condition.</li> </ol>
Premature Ventricular Contractions	<p><u>Defer until symptom free, no medications for this condition, and donor has no restriction of activities.</u></p> <p><u>Accept if all of the following conditions are met:</u></p> <ol style="list-style-type: none"> <li>1) Donor is symptom free.</li> <li>2) Donor has no restrictions on duty or activity.</li> <li>3) Donor is not currently taking medications for this condition.</li> </ol>
Progressive Multifocal Leukoencephalopathy	Indefinite deferral.
Progressive Systemic Sclerosis	Indefinite deferral.
Prostatitis (also see Benign Prostatic Hyperplasia)	<p><u>Defer for</u> one (1) month after last dose of <u>Proscar</u> medication.</p> <p><u>Defer for</u> six (6) months after last dose of <u>Avodart</u> medication.</p> <p><u>Accept if the following conditions are met:</u></p> <ol style="list-style-type: none"> <li>1) Symptom free.</li> <li>2) Not treated with Proscar or Avodart.</li> <li>3) More than one (1) month since treatment with Proscar.</li> <li>4) More than six (6) months since treatment with Avodart.</li> </ol>
Protein C Deficiency	<p><u>Defer for</u> plasma donation.</p> <p><u>Accept for</u> RBC and platelet donation only.</p>
Protein S Deficiency	<p><u>Defer for</u> plasma donation.</p> <p><u>Accept for</u> RBC and platelet donation only</p>

# Armed Services Blood Program Medical Conditions List

Medical Condition	Comment
Pruritis	<u>Defer until</u> symptom free. <u>Accept if</u> symptom free.
Psoriasis	<u>Defer indefinitely if</u> treated with Tegison. <u>Defer if</u> lesions are in venipuncture area.  <u>Accept if</u> lesions not in area of venipuncture <b>and</b> has not been treated with Tegison.
Pulmonary Embolism	<u>Defer for</u> six (6) months. <u>Accept if</u> greater than six (6) months since condition <b>and</b> the donor is symptom-free.
Pyelonephritis	<u>Defer until</u> disease is resolved. <u>Defer indefinitely if</u> due to deferral if chronic renal disease.  <u>Accept if</u> disease resolved <b>and</b> kidney function is normal.
Q-Fever	Indefinite deferral.
Rabies	<u>Defer for one (1) year after rabies injection.</u>  <u>Accept if greater than one (1) year after rabies vaccine.</u>
Raynaud's Disease (Phenomenon)	<u>Defer indefinitely if</u> in association with autoimmune disorder. <u>Accept if</u> not associated with an autoimmune disorder.
Reflux, Gastroesophageal	Accept.
Regional Enteritis	Indefinite deferral.
Reiter's Syndrome	Indefinite deferral.
Relapsing Fever	Requires Medical Director evaluation.
Renal Calculi (Kidney Stones)	Accept.
Renal Failure	<u>Defer indefinitely if</u> for chronic renal disease. <u>Defer for</u> one (1) week if acute renal disease.  <u>Accept if the following conditions are met:</u> 1) Greater than one (1) week <b>and</b> condition is resolved. 2) Acute renal failure <b>and</b> donor has normal renal function.
Respiratory Infection	<u>Defer until</u> symptom-free <b>and</b> off antibiotics or cold medications for 72 hours (3 days). <u>Defer if</u> donor has active symptoms of an upper respiratory infection, until symptom-free for 72 hours (3 days).  <u>Accept</u> donors with hay fever can donate. <u>Accept if</u> donor is off antibiotics or cold medication for at least 72 hours (3 days) <b>and</b> symptom free for 72 hours (3 days).
Reticuloendotheliosis	Indefinite deferral.
Reye's Syndrome	<u>Defer until</u> recovered <b>and</b> liver function is normal. <u>Accept if</u> recovered <b>and</b> liver function is normal.
Rhabdomyolysis	<u>Defer until</u> released from physician's care and no limitation of activity. <u>Accept if</u> able to donate after released from care of physician <b>and</b> return to full duty.
Rheumatic Heart Disease	Refer to medical director for approval.
Rhinoplasty	<u>Defer until</u> healed <b>and</b> released from doctor's care. <u>Accept if</u> site is healed <b>and</b> released from the care of medical provider.
Ringworm	<u>Defer if</u> lesion(s) are in venipuncture area. <u>Accept if</u> no lesions are in the venipuncture area.

# Armed Services Blood Program Medical Conditions List

Medical Condition	Comment
Rocky Mountain Spotted Fever	<u>Defer for</u> one (1) week after antibiotic therapy is completed <b>and</b> no reoccurrences. <u>Accept if</u> greater than one (1) week since completion of antibiotic therapy <b>and</b> with no reoccurrence.
Ronnel (Insecticide)	<u>Defer for</u> two (2) weeks after skin exposure. Agent is an anticholinesterase, may alter red cell stability. <u>Accept if</u> greater than two (2) weeks since exposure.
Root Canal Surgery	<u>Defer for</u> 72 hours (3 days) <b>or</b> until completely healed. <u>Accept if</u> greater than 72 hours (3 days) since procedure <b>and</b> donor is completely healed.
Rosacea	Accept.
Roseola	<u>Defer for</u> two (2) weeks after recovered. <u>Accept if</u> greater than two (2) weeks post recovery.
Ross River Virus	<u>Defer if</u> symptomatic. <u>Accept if</u> symptom free.
Rubeola (Measles)	<u>Defer until</u> donor afebrile <b>and</b> free of major symptoms. <u>Accept if</u> donor is afebrile <b>and</b> free of major symptoms. <u>Defer for</u> one (1) month after exposure unless immunization or previous infection can be documented. <u>Accept if</u> greater than one (1) month for exposure if donor has not had immunization or previous infection. <u>Accept if</u> donor has evidence of immunization or prior infection before exposure (documented evidence must be provided prior to donation). <i>Major Symptoms (include, but not limited to): high grade fever, sore throat, rash on face/body, headache, and pink eye/conjunctivitis.</i>
Rubella (German Measles)	<u>Defer until</u> donor afebrile <b>and</b> free of major symptoms. <u>Accept if</u> donor is afebrile <b>and</b> free of major symptoms. <u>Defer for</u> one (1) month after exposure unless immunization or previous infection can be documented. <u>Accept if</u> greater than one (1) month for exposure if donor has not had immunization or previous infection. <u>Accept if</u> donor has evidence of immunization or prior infection before exposure (documented evidence must be provided prior to donation). <i>Major Symptoms (include, but not limited to): high grade fever, sore throat, rash on face/body, headache, and pink eye/conjunctivitis.</i>
Salmonella	<u>Defer until</u> donor has completed treatment and is symptom free for seven (7) days. <u>Accept if</u> > seven (7) days from treatment completion and donor is symptom free. <u>Indefinite deferral if donor reports</u> recurrent septicemia.
Sarcoidosis	Refer to Medical Director.

# Armed Services Blood Program Medical Conditions List

Medical Condition	Comment
SARS (Severe Acute Respiratory Syndrome)	<p><u>History of SARS, or suspected SARS, or treatment for SARS:</u></p> <p><u>Defer donor for 28 days (4 weeks)</u> from cessation of symptoms and/or treatment, whichever is later.</p> <p><u>Accept if greater than 28 days (4 weeks)</u> cessation of symptoms or treatment whichever is longer.</p> <p><i>NOTE: If donor is currently demonstrating symptoms, follow service specific infection control guidelines.</i></p> <p><u>Close contact with persons with SARS or suspected SARS and is symptom free:</u></p> <p><u>Defer for 14 days (2 weeks)</u> after last exposure.</p> <p><u>Accept if greater than 14 days (2 weeks)</u> since last exposure.</p>
Scabies	<p><u>Defer until</u> resolved.</p> <p><u>Accept if</u> resolved.</p>
Scarlet Fever	<p><u>Defer until</u> 48 hours after exposure and feels well. See Rheumatic Heart Disease.</p> <p><u>Accept if &gt;48 hours</u>, symptom free, <b>and</b> no complications due to Rheumatic Heart disease.</p>
Scarring (Branding)	<p><u>Defer for</u> 12 months if intentional skin scarring to make a design.</p> <p><u>Accept if</u> greater than 12 months since scarring.</p>
Schizophrenia	<p><u>Defer if</u> not mentally or legally responsible.</p> <p><u>Accept if</u> donor is mentally <b>and</b> legally responsible.</p>
Scleroderma	Indefinite deferral.
Seizures	<p><u>Defer for</u> <b>twelve (12)</b> months from the date of the last seizure.</p> <p><u>Accept if</u> <b>&gt;twelve (12)</b> months from the date of last seizure.</p>
Sepsis	<p><u>Defer for</u> one (1) week after completion of antibiotic therapy <b>and</b> condition is resolved.</p> <p><u>Accept if</u> no longer on antibiotics for one (1) week <b>and</b> condition is resolved.</p>
Septoplasty	<p><u>Defer until</u> site is healed <b>and</b> donor has been released from doctor's care.</p> <p><u>Accept if</u> site is healed <b>and</b> released from the care of physician.</p>
Shigella	<p><u>Defer until</u> donor has completed treatment and is symptom free for seven (7) days.</p> <p><u>Accept if</u> &gt; seven (7) days from treatment completion and donor symptom free is.</p> <p>Symptom can include: abdominal pain, cramping, and diarrhea.</p>
Shingles (Varicella Zoster) (Herpes Zoster)	<p><u>Defer if</u> active lesions are present <b>and</b> for one (1) week after lesions resolve.</p> <p><u>Accept if:</u></p> <ol style="list-style-type: none"> <li>1) No active lesions are present <b>AND</b></li> <li>2) Greater than one (1) week since active lesions was present.</li> </ol>
Shortness of Breath	<p><u>Defer until</u> underlying condition is evaluated.</p> <p><u>Accept if:</u></p> <ol style="list-style-type: none"> <li>1) Shortness of breath is due to overexertion <b>AND</b></li> <li>2) The donor is active <b>and</b> has no restrictions on his/her activities.</li> </ol>
Sickle Cell Disease	Indefinite deferral.
Sickle Cell Trait	Accept.

# Armed Services Blood Program Medical Conditions List

Medical Condition	Comment
Sigmoidoscopy	<p><u>Defer for</u> 72 hours (3 days) post procedure if no biopsy was performed.  <u>Defer until</u> biopsy results are available. If results available, ask donor if physician told them whether additional testing was needed or if any abnormalities were found.</p> <p><u>Accept if either of the below exists:</u></p> <ol style="list-style-type: none"> <li>1) Greater than 72 hours (3 days) post procedure and no biopsy was performed.</li> <li>2) Greater than 72 hours (3 days) post procedure and no additional testing needed after biopsy or abnormalities were found.</li> </ol> <p><i>Consult Medical Director to resolve any questions.</i></p>
Sinusitis	<p><u>Defer until</u> symptom-free <b>and</b> off antibiotics or cold medications for 72 hours (3 days).</p> <p><u>Accept if</u> donor is off cold medications or antibiotics <b>and</b> symptom-free greater than 72 hours (3 days).</p>
Sjögren's Syndrome	Indefinite deferral.
Skin Infections	<p><u>Defer until</u> off antibiotics <b>and</b> no lesions in the venipuncture area.  <i>If anthrax is suspected – See anthrax.</i></p> <p><u>Accept if</u> lesions are not in area of venipuncture, donor is not taking antibiotics, <b>and</b> anthrax is not suspected.</p>
Skin Ulcer	<p><u>Defer until</u> well healed. If suspect for anthrax, defer. See anthrax.  <u>Accept if</u> well healed.</p>
SLE (Systemic Lupus Erythematosus)	Indefinite deferral.
Smallpox	Indefinite deferral, unless vaccinated donor or donor with localized lesion acquired through close contact with vaccine recipient.
Smallpox Vaccination Complications	<p><u>Defer for</u> complications acquired either through vaccination or through close contact with vaccine recipient until 14 days after all complications are completely resolved.</p> <p><u>Accept if</u> greater than 14 days (2 weeks) after all complications are completely resolved.</p>
Sore Throat	<p><u>Defer until</u> symptom-free, off antibiotics and cold medicine for 72 hours (3 days).  <u>Defer for</u> active symptoms of a sore throat until symptom-free for 72 hours (3 days).</p> <p><u>Accept if</u> donor is off antibiotics or cold medicine for 72 hours (3 days) <b>and</b> symptom free for 72 hours (3 days) after completion of treatment.</p>
Spherocytosis	Indefinite deferral.
Splenectomy	<p><u>Defer until</u> completely healed and released by physician if removed due to trauma. If removed due to disease, obtain medical director approval.</p> <p><u>Accept if:</u></p> <ol style="list-style-type: none"> <li>1) Spleen removed because of trauma, released from medical care, <b>and</b> donor feels well and healthy <b>AND</b></li> <li>2) Has medical director approval if removed because of disease.</li> </ol>
Stem Cell Transplant, Hematopoietic	<u>Indefinite deferral</u> for hematologic malignancy/cancer, leukemia, lymphoma. For all others, refer to Medical Director.
<b>Steroid Injections</b>	<b>Requires Medical Consultant review and approval.</b>
Stitches	<p><u>Defer until</u> wound healed and stitches removed.  <u>Accept if</u> healed <b>and</b> stitches have been removed.</p>

# Armed Services Blood Program Medical Conditions List

Medical Condition	Comment
Strep Throat	<p><u>Defer until</u> symptom-free and off antibiotics or cold medications for 72 hours (3 days). <u>Defer for</u> active symptoms of strep throat until off treatment and symptom-free for 72 hours (3 days).</p> <p><u>Accept if</u> off antibiotics or cold medications for 72 hours (3 days) <b>and</b> symptom-free for 72 hours (3 days) after completion of treatment.</p>
Stroke	<p><u>Defer if</u> occurred within the last <b>twelve (12) months</b>.</p> <p><i>Advise prospective donors to obtain approval from their physician regarding blood donation.</i></p> <p><u>Accept if all of the following conditions are met:</u></p> <ol style="list-style-type: none"> <li>1) Donor has no symptoms and no limitation of activities.</li> <li>2) Greater than <b>twelve (12) months</b> since the stroke.</li> <li>3) Donor has written approval from their physician for blood donation.</li> <li>4) Donor has medical director approval.</li> </ol>
Stye (Sties)	<p><u>Defer if less than 72 hours since treatment</u>.</p> <p><u>Accept if greater than 72 hours since completion of treatment and donor has no signs of eye infection</u>.</p>
Surgical Procedures	<p><u>Defer until</u> released from doctor's care, feels well, <b>and</b> activity has been resumed. <u>Defer for</u> 12 months if received allogeneic or autologous blood transfusion. <u>Defer indefinitely if</u> donor received a transfusion of blood or blood products collected in the United Kingdom or France since 1980.</p> <p>Requires Medical Director evaluation pre-op disease process.</p> <p><u>Accept if all of the following conditions are met:</u></p> <ol style="list-style-type: none"> <li>1) Released from doctor's care, feels well, and full activity has been resumed.</li> <li>2) Reason for surgery or medical condition for surgery is not a cause for deferral.</li> <li>3) Greater than 12 months since the last transfusion, and no transfusion in the UK or France.</li> </ol>
Syphilis	<p><u>Defer Indefinitely</u> until treatment documentation is provided.</p> <p><u>Accept if</u></p> <ol style="list-style-type: none"> <li>1. Greater than 12 months since treatment completion.</li> <li>2. Donor has documented evidence of treatment.</li> </ol>
<b>TBI (Traumatic Brain Injury)</b>	<p><u>Defer for Six (6) months after diagnosis</u> <u>Accept if greater than Six (6) months and donor is symptom free</u></p>
Tendonitis	<p><u>Defer if symptomatic</u>. <u>Accept if symptom-free</u>.</p>
Thalassemia	Indefinite deferral.
Thalassemia Minor (Thalassemia Trait)	<p><u>Defer if</u> the hematocrit or hemoglobin does not meet the requirement for blood donation.</p> <p><u>Accept if</u> the hematocrit or hemoglobin meets the requirement for blood donation.</p>
Thrombocythemia	<p><u>Defer until</u> resolved if underlying cause not malignancy. <u>Indefinite deferral if</u> Essential Thrombocythemia.</p> <p><u>Accept if</u> condition is resolved <b>and</b> underlying cause is not a reason for deferral.</p>
Thrombophlebitis	<p><u>Defer until</u> symptom free <b>and</b> off medication for one (1) month. <u>Accept if</u> symptom free <b>and</b> off medication for one (1) month.</p>
<b>TIA (Transient Ischemic Attacks)</b>	<b>Refer to medical director for approval.</b>

# Armed Services Blood Program Medical Conditions List

Medical Condition	Comment
Tick Bite	<p><u>Defer for</u> two (2) weeks if no symptoms of infection (Lyme disease).  <u>Defer if</u> febrile or symptomatic. Typical symptoms may include flu-like symptoms, skin rash, and/or joint pain.</p> <p><u>Accept if</u> greater than two (2) weeks donor is afebrile, <b>and</b> symptom free.</p>
Tinea Versicolor Infection	<p><u>Defer for</u> one (1) month after completion of fungal therapy <b>and</b> donor is symptom free.  <u>Defer if</u> involving skin and nails and infection is in the venipuncture area.</p> <p><u>Accept if the following conditions are met:</u></p> <ol style="list-style-type: none"> <li>1) Involving only skin or nails and away from venipuncture site.</li> <li>2) Accept if other tissues involved and donor is well and symptom free <b>and</b> off all antifungal therapy for one (1) month.</li> </ol>
Tissue Graft	<p><u>Defer for</u> 12 months for donors who have received allogeneic.  <u>Defer indefinitely if</u> Xenotransplant. (Graft tissue from <u>any</u> non-human source).  <u>Defer autologous</u> graft for one (1) day if not healed.</p> <p><u>Accept if</u> greater than 12 months post allogeneic graft.  <u>Accept autologous</u> graft if healed.  <i>See "Xenotransplantation" for further guidance.</i></p>
Tongue Separation	<p><u>Defer for</u> 12 months.  <u>Accept if</u> greater than 12 months since separation and healed.</p>
Tonsillectomy & Adenoidectomy (T&A)	<p><u>Defer for 72 hours (3 days) after procedure.</u>  <u>Accept if &gt;72 hours (3 days) since procedure and donor has no signs of infection.</u></p>
Tonsillitis	<p><u>Defer if</u> chronic condition exists <b>or</b> until the donor is symptom free.</p> <p><u>Accept if the following conditions are met:</u></p> <ol style="list-style-type: none"> <li>1) Past episodes were acute.</li> <li>2) The donor is symptom free on the day of donation.</li> </ol>
Tooth Extractions	<p><u>Defer for</u> 72 hours or until completely healed.  <u>Accept if</u> greater than 72 hours since extraction <b>and</b> completely healed.</p>
Torticollis	Accept.
Tourette Syndrome	<p><u>Defer if</u> movement affects the phlebotomy procedure.  <u>Accept if</u> movements do not affect phlebotomy.</p>
Toxic Shock Syndrome	<p><u>Defer for</u> two (2) weeks after completion of antibiotic therapy <b>and</b> donor feels well.  <u>Accept if</u> greater than two (2) weeks since completion of antibiotic therapy <b>and</b> donor feels well.</p>
Toxoplasmosis	<p><u>Defer for</u> one (1) week after cessation of therapy <b>and</b> feels well.  <u>Accept if</u> greater than one (1) week since completion of therapy <b>and</b> donor feels well.</p>
Transient Ischemic Attack (TIA)	<u>Refer to Medical Director for approval.</u>

# Armed Services Blood Program Medical Conditions List

Medical Condition	Comment
Transplant	<p><u>Defer for</u> 12 months if donor received allogeneic transplant(s).  <u>Indefinite deferral</u> following dura mater transplant or xenotransplantation.  <u>Indefinite deferral if</u> for cancer or autoimmune disease.  <u>Indefinite deferral if</u> Kidney transplant.</p> <p><u>Accept if</u> greater than 12 months since transplant <b>and</b> transplant was not dura mater or for cancer or an autoimmune disease.            See "Xenotransplantation" if graft came from non- human source.</p>
Transverse Myelitis	Indefinite deferral.
Traumatic Brain Injury (TBI)	<p><b>Defer for Six (6) months after diagnosis</b>  <b>Accept if greater than Six (6) months and donor is symptom free</b></p>
Trichomonas	<p><u>Defer until</u> treatment is completed and donor is symptom free.  <u>Accept if</u> symptom free <b>and</b> treatment is completed.</p>
Trypanosomiasis (Trypanosoma)	Indefinite deferral.
Tubal Ligation	<p><b><u>Defer until</u> incision is healed, released from physician's care, feels well, and returned to duty if surgery involved less than one (1) day hospitalization.</b>  <b>Otherwise refer to Medical Director.</b></p> <p><b><u>Accept if all of the following conditions are met:</u></b></p> <ol style="list-style-type: none"> <li>1) Greater than one (1) day since discharge from hospital.</li> <li>2) Donor's incision is healed, released from physician care, and feels well.</li> <li>3) Hospitalization was less than one (1) day.</li> </ol>
Tuberculosis	<p><u>Indefinite deferral if</u> disseminated or extra pulmonary disease, all types.  <u>Defer for</u> active infection.  <u>Accept if</u> greater than 12 months after completion of therapy with no evidence of active disease.</p>
Tuberculosis Skin Test	<p><u>Defer if</u> test was not part of basic health screening, the site is red or has induration (swelling).  <u>Defer until</u> test is read if not part of basic health screening.  <u>Defer for</u> positive TB skin test.  <u>Defer for</u> one (1) year after treatment completion.</p> <p><u>Accept donors who have just received a TB skin test (unread) if the following conditions exist:</u></p> <ol style="list-style-type: none"> <li>1) The test was part of a basic health screen (not because the donor is symptomatic).</li> <li>2) There is no redness or induration (swelling).</li> </ol> <p><u>Accept if</u> donor had TB skin test and results are negative.</p> <p><u>Accept if</u> greater than one (1) year since completion of treatment and the donor feels well and healthy.</p>
Tumor Removal	<u>Defer for</u> six (6) weeks with medical director approval.
Typhoid Fever	<p><u>Defer until</u> recovered <b>and</b> symptom free.  <u>Accept if</u> recovered <b>and</b> symptom free.</p>
Ulcer Disease	<p><u>Defer until</u> pain free.  <u>Accept if</u> pain free.</p>
Ulcer, Skin	<p><u>Defer until</u> well-healed.            Defer if suspect for anthrax. See Anthrax.  <u>Accept if</u> well healed.</p>

# Armed Services Blood Program Medical Conditions List

Medical Condition	Comment
Ulcerative Colitis	<u>Defer indefinitely, except</u> if post-colectomy and well. <u>Accept if</u> post-colectomy <b>and</b> donor is healed and well.
Undulant Fever (Brucellosis or Malta Fever)	Requires Medical Director evaluation
Upper Respiratory Infection (URI)	<u>Defer until</u> symptom-free and off antibiotics or cold medications for 72 hours (3 days). <u>Defer if</u> donors has active symptoms of a URI until symptom free for 72 hours (3 days).  Donors with hay fever can donate.  <u>Accept if</u> donor is off antibiotics <b>and</b> or cold medication for at least 72 hours (3 days) and symptom- free for 72 hours (3 days).
Urinary Tract Infection (UTI)	<u>Defer until</u> 72 hours (3 days) after completing antibiotic therapy and symptom free. <u>Accept if</u> greater than 72 hours (3 days) since the completion of antibiotic therapy and symptom free.
Urticaria	<u>Defer if</u> lesions in area of venipuncture. <u>Accept if</u> no lesions in the area of the venipuncture.
UTI (Urinary Tract Infection)	<u>Defer until</u> 72 hours (3 days) after completing antibiotic therapy and symptom free. <u>Accept if</u> greater than 72 hours (3 days) since the completion of antibiotic therapy <b>and</b> symptom free.
Vaginitis	<u>Defer until</u> 72 hours (3 days) after completing antibiotic therapy and symptom free. <u>Accept if</u> greater than 72 (3 days) hours since the completion of antibiotic therapy <b>and</b> symptom free.
Variant Creutzfeldt-Jacob Disease (vCJD)	Indefinite deferral.
Varicella-Zoster Infection	<u>Defer for</u> 21 days (3 weeks) after exposure. <u>Accept if</u> greater than 21 days (3 weeks) after exposure.  <u>Defer for</u> one (1) week after lesions are completely healed. <u>Accept if</u> greater than one (1) week after lesions are completely healed.  <u>Defer for</u> one (1) year if injected with VZIG (varicella zoster immune globulin) post-exposure. <u>Accept if</u> greater than one (1) year since injection with VZIG.
Vasectomy	<u>Defer for</u> 72 hours (3 days) <b>and</b> feels well/fully recovered. <u>Accept if</u> greater than 72 hours (3 days) <b>and</b> donor feels well and fully recovered.
Venereal Warts (Human Papilloma Virus)	<u>Defer until</u> healed if recently removed. <u>Accept if</u> healed and no recent lesions.
Vincent's Angina	<u>Defer if</u> chronic condition exist.  <u>Accept if the following conditions are met:</u> 1) Past episodes are acute <u>AND</u> 2) The donor is symptom free on the day of donation.
Virial Gastroenteritis	<u>Defer for 2 weeks</u> after symptoms and treatment is complete. <u>Accept if</u> donor has completed treatment and is symptom-free for two weeks.
Vitiligo	Accept. <i>Partial or total loss of skin pigmentation, often occurring in patches.</i>

# Armed Services Blood Program Medical Conditions List

Medical Condition	Comment
Von Recklinghausen's Disease	<u>Defer until</u> donor is in good health, has no malignancies, no lesions in the antecubital area. <u>Accept if</u> donor is in good health (no infections or malignancies) <b>and</b> has no lesions in antecubital area.
Von Willebrand's Disease	Indefinite deferral.
Warts (Human Papilloma Virus)	<u>Defer until</u> healed if recently removed. <u>Accept if</u> healed and no recent lesions.
West Nile Virus (WNV)	<u>Defer for</u> 120 days after positive test or diagnosis of illness or onset of illness, whichever is later. <u>Accept if</u> greater than 120 days since a positive test, diagnosis or onset of WNV (whichever is later).
Wilm's Tumor (Nephroblastoma)	Indefinite deferral.
Wilson's Disease	Requires Medical Director evaluation.
Wolff-Parkinson-White	Requires Medical Director evaluation.
Xenotransplantation	<u>Indefinite deferral if</u> receipt of cells, tissue, organs from nonhuman animal source. <u>No deferral if</u> receipt of nonliving biological products/materials from nonhuman animal source (porcine or bovine valves, porcine insulin). For dental graft, refer to "Dental Procedures/Surgery" for guidance. Requires Medical Director evaluation.
Yeast Infection (Vaginal)	<u>Defer for</u> one (1) week after cessation of medication and well, if related to antibiotic therapy or steroid therapy. Consult with Medical Director, if there is a question of immunodeficiency. <u>Accept if</u> greater than one (1) week after cessation of medication (antibiotic or steroid therapy) <b>and</b> symptom free.
Zika Virus	<u>Defer for</u> 120 days after positive test or diagnosis of illness or onset of illness, whichever is later. <u>Accept if</u> greater than 120 days since a positive test, diagnosis or onset of WNV (whichever is later).

**End of List**