

**NOTE: These are recommended guidelines. Deviations from the Medical Conditions Guidelines can only be made by the Medical Director. This information is to be documented in the Comment's area of the Donor History Questionnaire and include the name of the individual giving approval.**

**Conditions not found in this guideline are to be approved prior to accepting or deferring a donor.**

**Approval for conditions requiring Medical Director/designee review/approval may be made by Blood Center Fellows.**

MEDICAL CONDITION	COMMENT
<b>Abortion</b>	Defer for 6 weeks from date of termination.
<b>Abscesses</b>	Accept after condition is resolved and treatment is complete.
<b>Acne</b>	Accept if not taking a deferring medication.
<b>Acoustic Neuroma</b>	<ul style="list-style-type: none"> <li>• Accept if benign (non-cancerous).</li> <li>• If malignant (cancerous) accept if cancer free for at least one-year post treatment.</li> </ul>
<b>Acromegaly</b>	Accept.
<b>Actinomycosis</b>	Accept after condition resolved and treatment complete.
<b>Acupuncture</b>	Accept only if underlying condition is not cause for deferral <b>and</b> if performed with single-use equipment and under aseptic conditions; otherwise defer 3 months.
<b>Acute Tubular Necrosis</b>	Accept if recovered and renal function normal.
<b>Addison's Disease</b>	Donor is acceptable if well and healthy.
<b>Adenomas</b>	Accept.
<b>Adrenal Disorders</b>	See specific disorder.
<b>Adrenal Glands Absent</b>	Accept if well and healthy.
<b>Adrenal-Cortical Syndrome (Cushing Syndrome)</b>	Accept if cured.
<b>Agammaglobulinemia</b>	Permanent deferral.
<b>Agent Orange Exposure</b>	Donor is acceptable if feeling well and healthy.
<b>AIDS</b>	Permanent deferral.
<b>Alcoholic Cirrhosis</b>	Permanent deferral unless donor had a liver transplant.
<b>Alcoholism</b>	Defer if under the influence.
<b>Allergies</b>	Donor is acceptable if well and healthy.
<b>Allergy Injections</b>	Donor is acceptable.
<b>Alpha-1-Antitrypsin Deficiency</b>	Accept if asymptomatic and not using replacement therapy.
<b>Alzheimer's Disease</b>	Accept if donor is able to provide an accurate health history.
<b>Amoebic Dysentery</b>	Accept after treatment is completed and parasite eliminated.
<b>Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)</b>	Permanent deferral.
<b>Anaplasmosis</b>	Accept if treatment complete and feeling well. Defer 90 days if untreated.
<b>Anemias</b>	Accept if hemoglobin/hematocrit qualifies and specific cause of anemia does not disqualify donor. Underlying cause should be documented. (See specific entity if condition not listed contact Medical Director).
<b>Aneurysms</b>	<ul style="list-style-type: none"> <li>• Accept 6 months from surgery, if healed, feels well, released from MD care and no activity restrictions.</li> <li>• If not surgically corrected Medical Director review is required.</li> </ul>
<b>Angina Pectoris</b>	Donor is acceptable 3 months after last symptom.

MEDICAL CONDITION	COMMENT
<b>Angioedema</b>	<ul style="list-style-type: none"> <li>• Defer if cause is genetic.</li> <li>• Accept donor is stable and symptom free.</li> </ul>
<b>Angioplasty/Stenting (Coronary)</b>	Accept 6 months after procedure if: <ol style="list-style-type: none"> <li>1. Donor is asymptomatic, and</li> <li>2. Donor has no limitation of activities.</li> </ol>
<b>Animal Bites</b>	Defer for 12 months a donor who has been bitten by a wild animal (i.e., not domesticated). See "Rabies" in " <i>Immunizations, Vaccinations and Other Miscellaneous Treatments</i> " NY-JA-0318 for additional information.
<b>Animal Needle Stick</b>	Defer for 12 months a donor who has been exposed to an animal's blood (domesticated or wild) through a needle stick.
<b>Ankylosing Spondylitis</b>	Accept if no limitation of motion (can sit in donor chairs).
<b>Anthrax</b>	Defer until the full course of treatment is complete.
<b>Antiphospholipid Antibody Syndrome</b>	Accept if symptom free.
<b>Aortic Stenosis</b>	Accept 6 months after surgical repair if: <ol style="list-style-type: none"> <li>1. Donor is asymptomatic, and</li> <li>2. Donor has no limitation of activities.</li> </ol>
<b>Appendectomy</b>	Accept if released from doctor's care, feels well, full activity has been resumed.
<b>Arrhythmias</b>	A donor with a history of arrhythmia may be accepted with/without medication if: <ol style="list-style-type: none"> <li>1. Donor is asymptomatic, and</li> <li>2. Donor has no history of other cardiac problems.</li> </ol> <b>NOTE: See "Irregular Pulse"</b>
<b>Arteriovenous (AV) Malformation</b>	<ul style="list-style-type: none"> <li>• Accept if surgically corrected and asymptomatic for 6 months from date of surgery.</li> <li>• If not surgically corrected written medical release and Medical Director review is required.</li> </ul>
<b>Arthritis (Adult and Juvenile)</b>	<ul style="list-style-type: none"> <li>• Osteoarthritis (Adult only) - Accept.</li> <li>• Rheumatoid arthritis - Accept unless in acute phase.</li> <li>• Psoriatic arthritis - Accept unless in acute phase. <ul style="list-style-type: none"> <li>- Accept if no lesions in venipuncture area.</li> </ul> </li> </ul>
<b>Asbestosis</b>	Donor is acceptable if asymptomatic, with or without medications.
<b>Asthma</b>	Accept if asymptomatic.
<b>Atrial Fibrillation</b>	Donor is acceptable if no symptoms, with/without medications.
<b>Autoimmune Disorders</b>	A donor is acceptable with or without medications provided they are not having an acute episode and on no deferring medication.
<b>Babesiosis</b>	Defer 2 years for a history of a positive test result for Babesia, obtained from either a medical diagnosis or a reactive donor screening result.
<b>Baker's cyst</b>	Donor is acceptable if feeling well and healthy.
<b>Bee Stings</b>	<ul style="list-style-type: none"> <li>• If symptomatic - allergic, one day deferral.</li> <li>• If asymptomatic - allergic, no deferral.</li> </ul>
<b>Bell's Palsy</b>	Accept (If related to Lyme Disease see entity).
<b>Benign Bladder Polyps</b>	Accept. NOTE: If being treated with BCG, then defer two weeks.
<b>Benign Prostatic Hypertrophy (BPH)</b>	Accept if not taking medications on Medication List.
<b>Bipolar Disease</b>	Accept if mentally competent and understands procedure.

MEDICAL CONDITION	COMMENT
<b>Bladder Disorder</b>	<ul style="list-style-type: none"> <li>• Benign bladder polyps: accept unless being treated with BCG then defer two weeks.</li> <li>• Bladder cancer: accept if cancer free for at least one year post treatment.</li> <li>• Cystitis (bladder infection): accept after condition resolved and treatment complete.</li> </ul>
<b>Bleeding Disorders</b>	See specific entity. If not present, the Medical Director or designee is to evaluate.
<b>Blood Donation</b>	See “ <i>Interval Between Donation Dates</i> ” NY-JA-0317.
<b>Blood Transfusion</b>	Defer 3 months after last transfusion. <b>NOTE: Autologous platelet enriched plasma injection treatments – accept.</b>
<b>Body Piercing</b>	Accept only if performed with single-use equipment and under aseptic conditions; otherwise, defer 3 months.
<b>Bone Disorders</b>	<ul style="list-style-type: none"> <li>• Accept unless condition is malignant or infectious.</li> <li>• If malignant, accept if cancer free for at least one year post treatment.</li> <li>• If infected, then follow criteria for osteomyelitis - accept 2 years after confirmed cured.</li> </ul>
<b>Bone Marrow Donor</b>	Accept 8 weeks after donation unless there remain lingering complications.
<b>Brain Surgery</b>	<ul style="list-style-type: none"> <li>• Non-vascular: accept if recovered and seizure free in last one month.</li> <li>• Vascular, bleeding: follow criteria for Cerebrovascular Accident (i.e., accept one year after the stroke and the donor is stable with or without deficits).</li> <li>• Vascular, aneurysm: Refer to Medical Director.</li> <li>• For malignancy (Cancer): accept if cancer free for at least one year post treatment.</li> <li>• Dura mater (brain covering) transplant: <ul style="list-style-type: none"> <li>○ Autologous/Synthetic graft: Donor is acceptable.</li> <li>○ All others: permanent deferral.</li> </ul> </li> </ul>
<b>Branding</b>	Accept if healed.
<b>Breastfeeding</b>	Accept if 6 weeks postpartum.
<b>Brucellosis</b>	<ul style="list-style-type: none"> <li>• Accept if treatment complete and feeling well.</li> <li>• Untreated defer for 90 days.</li> </ul>
<b>Buerger’s Disease</b>	Permanent deferral.
<b>Bundle Branch Block (L / R)</b>	Accept after 6 months if asymptomatic with no limitation of activities.
<b>Bursitis</b>	Accept if not infected and donor in no acute distress.

MEDICAL CONDITION	COMMENT
<b>Cancer</b>	<ol style="list-style-type: none"> <li>1. Skin cancer: Localized basal cell carcinoma, squamous cell carcinoma. Accept if: <ul style="list-style-type: none"> <li>• Not taking medication that would defer donor (See “<i>Medication Deferral List</i>” NY-JA-0301)</li> <li>• Is completely excised and healed or topical treatment is completed and healed.</li> </ul> </li> <li>2. Carcinoma-in-situ (stage where cancer cells are still within their site of origin) of the vulva, cervix, or breast; papillary thyroid carcinoma: accept after completion of therapy.</li> <li>3. Leukemia, lymphoma, Hodgkin’s disease, and multiple myeloma: 5-year deferral after completion of treatment without recurrence.</li> <li>4. All other cancers, including melanoma, accept if cancer free for at least one year post treatment.</li> </ol> <p><b>NOTE: Tamoxifen and other medications used for breast cancer preventative treatment – accept provided the donor meets all other criteria for cancer.</b></p>
<b>Candida Infection (Candidiasis)</b>	<ul style="list-style-type: none"> <li>• If vaginal accept.</li> <li>• If systemic or involving mouth, esophagus, trachea, bronchi, or lungs call MD.</li> </ul>
<b>Canker Sore</b>	Accept if not chronic (never healing).
<b>Cardiac Ablation</b>	Accept after 6 months if asymptomatic with no limitation of activities.
<b>Cardiac Arrest</b>	<p>Accept 6 months <b>after event</b> if:</p> <ul style="list-style-type: none"> <li>• donor is asymptomatic, and</li> <li>• has no limitation of activities.</li> </ul> <p>Donors who are symptomatic or have restrictions require Medical Clearance or NYBC Medical Director approval.</p>
<b>Cardiac Catheterization</b>	<ul style="list-style-type: none"> <li>• Heart involvement, no surgery: 6 months deferral after procedure.</li> <li>• No heart disease, feels well, healed, and released from MD care, no activity restrictions: accept.</li> </ul>
<b>Cardiac Defects</b>	<ul style="list-style-type: none"> <li>• Defer if symptomatic.</li> <li>• Accept if asymptomatic with no limitation activities.</li> <li>• If surgically corrected, accept after 6 months if asymptomatic with no limitation of activities.</li> </ul>
<b>Cardiomyopathy</b>	Defer 6 months from last symptom resolved.
<b>Cardiovascular Disease - other</b>	Refer to Medical Director.
<b>Carotid Bruit</b>	Refer to Medical Director.
<b>Carpal Tunnel Syndrome</b>	Accept.
<b>Cardioversion</b>	Obtain Medical Director approval.
<b>Cardioverter Defibrillator</b>	Accept one month after implantation if asymptomatic.
<b>Casts</b>	<ul style="list-style-type: none"> <li>• Accept only if there was a simple fracture/break.</li> <li>• If there was any type of surgery, defer until the cast is removed and all wounds are completely healed.</li> </ul>
<b>Cat-Scratch Disease</b>	Accept after condition resolved and treatment complete.
<b>Cauterization</b>	Accept.
<b>Celiac Disease</b>	Accept.
<b>Cellulitis</b>	See “Skin Infections”

<b>MEDICAL CONDITION</b>	<b>COMMENT</b>
<b>Central Nervous System Disorders</b>	See specific entity; if not listed refer to Medical Director.
<b>Cerebral Palsy</b>	Accept if donor safety can be ensured during phlebotomy.
<b>Cerebrovascular Accident</b>	Accept if: 1. One year after the stroke, and 2. The donor is stable with or without deficits. If donor received anticoagulation therapy, defer for at least one month after treatment is complete.
<b>Cervical Dysplasia</b>	Accept.
<b>Chagas Disease</b>	Permanent deferral.
<b>Charcot-Marie-Tooth disease</b>	Accept if feeling well and healthy.
<b>Chemotherapy</b>	See "Cancer"
<b>Chest Pain</b>	<ul style="list-style-type: none"> <li>• Defer unless evaluated by doctor and not due to heart disease.</li> <li>• If due to heart disease, see "Angina Pectoris."</li> </ul>
<b>Chicken Pox</b>	<ul style="list-style-type: none"> <li>• Accept if previously immunized.</li> <li>• Accept 4 weeks after exposure if asymptomatic and not previously immunized.</li> <li>• If symptomatic, defer 4 weeks after recovery.</li> </ul>
<b>Chikungunya</b>	Defer 1 month after recovery.
<b>Chlamydia (genital)</b>	Accept once resolved.
<b>Chronic Bronchitis</b>	Accept if symptom free and not on antibiotics.
<b>Chronic Fatigue Syndrome (CFS; myalgic encephalomyelitis)</b>	Accept if well and healthy.
<b>Chronic Granulomatous Disease</b>	Permanent deferral.
<b>Chronic Lung Disease</b>	Accept if donor is asymptomatic and not on antibiotics.
<b>Cirrhosis</b>	Permanent deferral.
<b>Coagulation Factor</b>	If received for condition other than congenital coagulation factor deficiency (see below) - defer 3 months from the time of infusion.
<b>Coagulation Factor Deficiencies (Congenital)</b>	Permanent deferral except for Factor XII (12) deficiency.
<b>Coccidiomycosis</b>	<ul style="list-style-type: none"> <li>• Permanent deferral if disseminated or extra pulmonary (outside the lungs).</li> <li>• If pulmonary, defer for 1 year after diagnosis provided treatment is complete.</li> </ul>
<b>Cold Sores</b>	See "Herpes Simplex 1"
<b>Colds</b>	Defer for active symptoms of a cold, flu, or upper respiratory infection (URI, sore throat) until symptoms have subsided and have been symptom free for 3 days.
<b>Colitis, Non-Specific</b>	<ul style="list-style-type: none"> <li>• Accept if asymptomatic.</li> <li>• Defer for 3 days after last episode of diarrhea.</li> </ul>
<b>Collagen Vascular Diseases</b>	Refer to specific disease.
<b>Concussion</b>	Accept if feeling well and healthy.
<b>Condylomata Acuminata (Venereal Warts)</b>	Accept.

MEDICAL CONDITION	COMMENT
<b>Congenital Heart Disease</b>	<ul style="list-style-type: none"> <li>• Defer if symptomatic.</li> <li>• Accept if asymptomatic with no limitation activities.</li> <li>• If surgically corrected, accept after 6 months if asymptomatic with no limitation of activities.</li> </ul>
<b>Congestive Heart Failure</b>	See “Cardiomyopathy”
<b>Conization of Cervix</b>	See “Surgery”
<b>Conjunctivitis</b>	Defer until resolved and asymptomatic.
<b>Convulsions</b>	<ul style="list-style-type: none"> <li>• Accept if no seizure in the past month.</li> <li>• If due to cancer, accept if cancer free for at least one-year post treatment.</li> </ul>
<b>COPD (Chronic Obstructive Pulmonary Disease)</b>	<ul style="list-style-type: none"> <li>• Accept if 1 year since last symptom and donor can walk up a flight of stairs without shortness of breath.</li> <li>• Indefinite deferral if using oxygen.</li> </ul>
<b>Corona Virus (COVID-19)</b>	<ul style="list-style-type: none"> <li>• individuals diagnosed with COVID-19 or who are suspected of having COVID-19, and who had symptomatic disease, refrain from donating blood for at least 14 days after complete resolution of symptoms.</li> <li>• individuals who had a positive diagnostic test for SARS-CoV-2 (e.g., nasopharyngeal swab), but never developed symptoms, defer for at least 14 days after the date of the positive test result.</li> <li>• individuals who are tested and found positive for SARS-CoV-2 antibodies, but who did not have prior diagnostic testing and never developed symptoms, are eligible without a waiting period and without performing a diagnostic test (e.g., nasopharyngeal swab).</li> </ul>
<b>Coronary Artery Bypass Surgery</b>	<p>Accept if:</p> <ol style="list-style-type: none"> <li>1. 6 months after surgery, AND</li> <li>2. Donor is asymptomatic, AND</li> <li>3. Donor has resumed normal activities.</li> </ol> <p>If due to heart attack, accept 6 months later if:</p> <ol style="list-style-type: none"> <li>1. Donor is asymptomatic and has no limitation of activities.</li> <li>2. Donors who are symptomatic or have restrictions require Medical Clearance or NYBC Medical Director approval.</li> </ol>
<b>Costochondritis</b>	Accept.
<b>Coxsackie Virus</b>	Accept if recovered.
<b>Cranial Plates</b>	Accept if feeling well and healthy.
<b>CREST Syndrome</b>	Accept if asymptomatic.
<b>Creutzfeldt-Jacob Disease</b>	<p>Permanent deferral.</p> <p><b>NOTE: Donors who volunteer that they have blood relatives known to have a genetic form of CJD should be indefinitely deferred.</b></p>
<b>Crohn's Disease</b>	Accept if asymptomatic and no diarrhea for 3 days.
<b>Cryptococcosis</b>	<ul style="list-style-type: none"> <li>• Accept if well and asymptomatic.</li> <li>• Permanent deferral if extra pulmonary.</li> </ul>
<b>Cryptosporidiosis</b>	Accept if asymptomatic and off treatment.
<b>Cushing's Syndrome</b>	Accept if cured.

<b>MEDICAL CONDITION</b>	<b>COMMENT</b>
<b>Cutaneous Larva Migrans</b>	Accept after completion of therapy and feels well.
<b>Cystic Fibrosis</b>	<ul style="list-style-type: none"> <li>• Accept if no current infection and off treatment.</li> <li>• Defer if infected or being treated for an infection.</li> </ul>
<b>Cystitis</b>	Accept after condition resolved and treatment complete.
<b>Cysts</b>	Accept if not infected.
<b>Cytomegalovirus (CMV)</b>	<ul style="list-style-type: none"> <li>• Acute infection: defer until resolved.</li> <li>• Accept if antibody positive (due to past infection or exposure) but symptom free.</li> </ul>
<b>Deep Vein Thrombosis (DVT)</b>	Accept if condition resolved and at least one month after completion of anticoagulation therapy.
<b>Defibrillator (implantable cardioverter)</b>	Accept one month after implantation if asymptomatic.
<b>Dementia</b>	Accept if donor is able to provide an accurate health history.
<b>Dengue Fever</b>	Defer for 28 days after resolution of symptoms.
<b>Dental Work/Surgery</b>	<ul style="list-style-type: none"> <li>• Minor cleanings or fillings: accept.</li> <li>• Other procedures: accept if well and healed.</li> <li>• Dental Bone Matrix procedure accept (FDA approved, demineralized, sterilized osseous material used in rebuilding bone).</li> <li>• Autologous platelet enriched plasma injection – accept.</li> </ul>
<b>Dermatitis</b>	Accept unless lesions are in area of venipuncture.
<b>Dermatomyositis</b>	Accept if asymptomatic.
<b>Diabetes</b>	Accept if stable with no acute events within prior 3 months.
<b>Dialysis</b>	Accept if dialysis is discontinued. Permanent deferral for chronic dialysis patient.
<b>Diarrhea</b>	Accept if symptom-free for 3 days.
<b>Diverticular Disease</b>	Accept if symptom free for 3 days.
<b>Down's Syndrome</b>	Accept if mentally competent and understands procedure.
<b>Dumping Syndrome</b>	Accept 3 days post last episode of diarrhea.
<b>Dura Mater (brain covering) graft or transplant</b>	<ul style="list-style-type: none"> <li>• Autologous and synthetic graft: Donor is acceptable.</li> <li>• All others: permanent deferral.</li> </ul>
<b>Ear Piercing</b>	Accept only if performed with single-use equipment and under aseptic conditions; otherwise, defer 3 months.
<b>Ebola</b>	<ul style="list-style-type: none"> <li>• Permanent deferral for donors who have a history of Ebola virus disease.</li> <li>• Defer for 8 weeks a donor who has lived with, cared for, or had sexual contact with a person confirmed to have had Ebola virus disease or who is under investigation for exposure to the virus.</li> </ul>
<b>Ectopic Pregnancy</b>	Defer 6 weeks after resolution.
<b>Eczema</b>	Accept if lesions not in area of venipuncture.
<b>Ehlers Danlos Syndrome</b>	Donor is acceptable if well and healthy.
<b>Ehrlichiosis</b>	<ul style="list-style-type: none"> <li>• Accept if treatment complete and feeling well.</li> <li>• Defer 90 days if untreated.</li> </ul>
<b>Electrolysis</b>	Accept only if performed with single use equipment and under aseptic conditions. Otherwise defer 3 months.
<b>Elliptocytosis</b>	Defer from red cells.

<b>MEDICAL CONDITION</b>	<b>COMMENT</b>
<b>Embolism</b>	<ul style="list-style-type: none"> <li>• Pulmonary embolism: Accept if condition resolved, donor is asymptomatic and at least one month after completion of anticoagulation therapy.</li> <li>• Brain embolism: See "Stroke"</li> <li>• Limb embolism: Accept if condition resolved, donor is asymptomatic and at least one month after completion of anticoagulation therapy.</li> </ul>
<b>Emphysema</b>	<ul style="list-style-type: none"> <li>• Donor is acceptable if asymptomatic with or without medication (except antibiotics).</li> <li>• Chronic, symptomatic and on medication: Permanent deferral.</li> </ul>
<b>Encephalitis</b>	Accept 4 weeks after recovery.
<b>Endocarditis</b>	<ul style="list-style-type: none"> <li>• Accept after condition resolved and treatment complete.</li> <li>• If taking prophylactic antibiotics, obtain Medical Director approval.</li> </ul>
<b>Endocrine Disorder</b>	See specific entity.
<b>Endometriosis</b>	Accept.
<b>Endometritis</b>	Accept after condition resolved and treatment complete.
<b>Epilepsy</b>	<ul style="list-style-type: none"> <li>• Accept as long as seizure-free in the past month.</li> <li>• If due to cancer, accept if cancer free for at least one-year post treatment.</li> </ul>
<b>Epistaxis (Nosebleed)</b>	Accept if does not have bleeding disorder.
<b>Epstein Barr Virus (Mononucleosis)</b>	Accept if recovered.
<b>Erythema Nodosum</b>	Can accept if recovered and asymptomatic.
<b>Esophagitis</b>	Accept if asymptomatic and no underlying disease.
<b>Exostosis</b>	Accept if feeling well and healthy.
<b>Factor V Leiden</b>	<ul style="list-style-type: none"> <li>• Anticoagulation therapy, if received, must be finished for at least one month.</li> <li>• No anticoagulation therapy: accept.</li> </ul>
<b>Factor XI deficiency</b>	Permanent deferral.
<b>Fainting</b>	Defer if frequent and recurring.
<b>Fever Blisters</b>	Accept if dried and healing.
<b>Fibrocystic Disease of Breast</b>	Accept.
<b>Fibroids</b>	Accept.
<b>Fibromyalgia</b>	Accept.
<b>Fibromyositis</b>	Accept.
<b>Fibrin glue (used for wound closure)</b>	Accept if feeling well and healthy.
<b>Fifth Disease</b>	Defer 21 days after exposure.
<b>Floppy Valve (Mitral Valve Prolapse)</b>	Accept if: <ol style="list-style-type: none"> <li>1. Asymptomatic, and</li> <li>2. No arrhythmias, and</li> <li>3. No limitation of activities.</li> </ol>
<b>Flu</b>	Accept when symptom free for 3 days.
<b>Folliculitis</b>	Accept is feeling well and healthy.
<b>Food Poisoning</b>	Accept if symptom free for 3 days.

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<b>Fungal Infection</b>	See specific entity. <ul style="list-style-type: none"> <li>• If systemic or deep tissues involved, defer 1 month after cessation of therapy, and feels well.</li> <li>• If superficial, away from venipuncture site - accept.</li> </ul>
<b>G6PD deficiency</b>	Accept for platelet or plasma donations. Defer from red cell donation types.
<b>Gastritis</b>	<ul style="list-style-type: none"> <li>• If acute - accept after condition resolved.</li> <li>• If chronic – accept if not on antibiotics (for Helicobacter Pylori).</li> </ul>
<b>GERD (Gastric Esophageal Reflux Disorder)</b>	Accept.
<b>Genital Herpes</b>	See “Herpes Simplex 1” or “Herpes Simplex 2” as appropriate to donor.
<b>Genital Warts</b>	Accept.
<b>GI Disorders</b>	See specific entity; otherwise obtain Medical Director approval.
<b>Giardiasis</b>	Donor is acceptable if well and healthy.
<b>Gilbert's Syndrome</b>	Accept.
<b>Gingivitis</b>	Accept.
<b>Glaucoma</b>	Accept.
<b>Glomerulonephritis</b>	<ul style="list-style-type: none"> <li>• Permanent deferral if chronic renal disease.</li> <li>• If condition resolved and kidney function normal - accept.</li> </ul>
<b>Gonorrhea</b>	Defer 3 months after treatment completed.
<b>Gout</b>	Accept if controlled.
<b>Granuloma Annulare</b>	Accept as long as antecubital area not involved.
<b>Granuloma Inguinale</b>	Accept after treatment completed and lesions healed.
<b>Grave's Disease</b>	Accept once euthyroid (normal thyroid function). <b>NOTE: Thyroid hormone replacement therapy – accept.</b>
<b>Growth Hormone (Human / Pituitary / Synthetic)</b>	<ul style="list-style-type: none"> <li>• Human derived growth hormone – permanent deferral.</li> </ul> <b>NOTE: The use of human derived pituitary growth hormone was discontinued by the FDA in 1985.</b> <ul style="list-style-type: none"> <li>• Recombinant or synthetic growth hormone – accept.</li> </ul>
<b>Guillain-Barre Syndrome</b>	Can accept if recovered and asymptomatic.
<b>Hair Transplant</b>	Accept only if performed with single-use equipment and under aseptic conditions; otherwise defer 3 months.
<b>Hanson's Disease (Leprosy)</b>	Accept if feeling well and healthy.
<b>Hashimoto's Disease</b>	Accept after treatment of acute phase of disease is complete. Thyroid hormone replacement (thyroxine, Synthroid) – accept.
<b>Hay Fever</b>	Accept as long as donor has no sinus or respiratory infection.
<b>Headache</b>	Defer until resolved and feels well.
<b>Head Injury</b>	Accept if seizure free in past month. Obtain Medical Director approval, if necessary.
<b>Heart Attack</b>	Accept 6 months <b>after event</b> if: <ul style="list-style-type: none"> <li>• donor is asymptomatic, and</li> <li>• has no limitation of activities.</li> </ul> <p>Donors who are symptomatic or have restrictions require Medical Clearance or NYBC Medical Director approval.</p>

<b>MEDICAL CONDITION</b>	<b>COMMENT</b>
<b>Heart Disease</b>	See specific entity. If not listed, obtain Medical Director approval.
<b>Heart Murmur</b>	Accept if: <ol style="list-style-type: none"> <li>1. Donor asymptomatic, and</li> <li>2. Has no activity limitations.</li> </ol> See also "Arrhythmias"
<b>Heart Surgery</b>	May accept if: <ol style="list-style-type: none"> <li>1. Has been six months since surgery, AND</li> <li>2. Donor is asymptomatic, AND</li> <li>3. Donor has resumed normal activities.</li> </ol> If due to heart attack, accept 6 months later if: <ol style="list-style-type: none"> <li>1. Donor is asymptomatic and has no limitation of activities.</li> <li>2. Donors who are symptomatic or have restrictions require Medical Clearance or NYBC Medical Director approval.</li> </ol>
<b>Heartburn</b>	Accept.
<b>Helicobacter pylori</b>	Accept if treatment is complete and off antibiotics.
<b>Hematuria</b>	Defer until evaluated by doctor then re-evaluate with diagnosis.
<b>Hemochromatosis</b>	<ul style="list-style-type: none"> <li>• Accept if donor meets criteria for donation including the appropriate interval for targeted donation.</li> <li>• If the donor does not meet criteria follow Hereditary Hemochromatosis Phlebotomy Program.</li> </ul>
<b>Hemodialysis</b>	<ul style="list-style-type: none"> <li>• Accept if dialysis discontinued.</li> <li>• Permanent deferral for chronic dialysis patients.</li> </ul>
<b>Hemolytic Anemias</b>	See specific entity. If not listed, obtain Medical Director approval.
<b>Hemophilia</b>	Permanent deferral.
<b>Hemorrhoids</b>	<ul style="list-style-type: none"> <li>• Accept.</li> <li>• If post-operative, defer until healing is complete.</li> </ul>
<b>Hepatitis</b>	<ul style="list-style-type: none"> <li>• Permanently defer a donor with a history of Hepatitis B or C.</li> <li>• Accept a donor who has tested positive for Hepatitis B surface antibodies (anti-HBs) at least 2 weeks following Hepatitis B immunization.</li> <li>• Accept a donor with a history of non-viral Hepatitis caused by alcohol ingestion, drug sensitivity, toxin, or Hemochromatosis, provided donor meets all other criteria for donation.</li> <li>• Accept hepatitis due to mononucleosis.</li> <li>• Accept donor with Hepatitis A 120 days after diagnosis.</li> </ul>
<b>Hereditary Hemorrhagic Telangiectasia (HHT)</b>	Accept provided donor not transfused within the past 3 months.
<b>Hereditary Spherocytosis</b>	Defer from red cell donation.
<b>Hernia</b>	Accept.
<b>Herniated Disc</b>	Accept.
<b>Herpangina</b>	Accept if feeling well and healthy.
<b>Herpes Simplex 1</b>	<ul style="list-style-type: none"> <li>• Accept if dried and healing.</li> <li>• If symptomatic: one-month deferral.</li> </ul>

MEDICAL CONDITION	COMMENT
<b>Herpes Simplex 2</b>	<ul style="list-style-type: none"> <li>• Donor is acceptable if asymptomatic for one month or more and lesions dried and healed.</li> <li>• Permanent deferral if chronic ulcers persisting lasting over one month or if donor has related bronchitis, pneumonitis, or esophagitis.</li> </ul>
<b>Hidradenitis [inflammation of the sweat gland(s)]</b>	Accept after condition resolved and treatment complete.
<b>High Blood Pressure</b>	Accept if blood pressure at site is within guidelines.
<b>Hirschsprung's Disease</b>	Accept if recovered and asymptomatic.
<b>Histoplasmosis</b>	<ul style="list-style-type: none"> <li>• Accept if disease diagnosed by chest x-ray findings as inactive disease.</li> <li>• Defer if disease is active.</li> </ul>
<b>HIV Medications</b>	Medications to prevent or treat HIV, see " <i>Medication Deferral List</i> " NY-JA-0301.
<b>HIV Test Confirmed Positive</b>	Permanent deferral.
<b>Hodgkin's Disease</b>	Accept if cancer free at least 5 years after treatment.
<b>Human Bite</b>	Defer 3 months if skin is broken, otherwise accept.
<b>Human Papilloma Virus</b>	Accept if feeling well and healthy.
<b>Huntington's Disease</b>	Accept as long as movement disorder does not interfere with donation.
<b>Hydrocephalus</b>	Accept if mentally competent, no infection and no active seizure history.
<b>Hypercortisolism</b>	Accept if feeling well and healthy.
<b>Hyperlipidemia</b>	Accept.
<b>Hyperparathyroidism</b>	Accept if asymptomatic.
<b>Hypertension</b>	Accept if blood pressure at site is within guidelines.
<b>Hypoglycemia</b>	Accept if asymptomatic.
<b>Hypoparathyroidism</b>	Accept if asymptomatic.
<b>Hypotension</b>	Accept if blood pressure at site is within guidelines.
<b>Idiopathic Thrombocytopenic Purpura (ITP)</b>	Donor is acceptable if completely recovered.
<b>Immunizations</b>	See "Immunizations, Vaccinations and Other Miscellaneous Treatments" NY-JA-0318.
<b>Infections</b>	See specific entity. If not listed, obtain Medical Director approval.
<b>Infectious Mononucleosis</b>	Donor is acceptable if well and healthy.
<b>Insect Bites</b>	Defer if infected or in antecubital area.
<b>Irregular Pulse</b>	<p><b><i>An irregular pulse is identified by skipped or extra heart beats or heart beats that are too fast, too slow, or irregular. Occasional irregularities are common but could also be a sign of an abnormal heart rhythm.</i></b></p> <ul style="list-style-type: none"> <li>• Accept if pulse is noted to have less than 10 irregular beats per minute.</li> <li>• Defer if pulse is noted to have 10 or more irregular beats per minute.</li> </ul>
<b>Irritable Bowel Syndrome</b>	<ul style="list-style-type: none"> <li>• Accept if asymptomatic.</li> <li>• Defer for 3 days after last episode of diarrhea.</li> </ul>
<b>Itching</b>	Accept unless not able to perform venipuncture due to site of itching.
<b>Jacob-Creutzfeldt Disease</b>	Permanent deferral.

<b>MEDICAL CONDITION</b>	<b>COMMENT</b>
<b>Jaundice</b>	Determine cause. <ul style="list-style-type: none"> <li>• Permanent deferral if cause is unknown or associated with Hepatitis B or C.</li> <li>• Accept if due to mononucleosis (Epstein-Barr) and now recovered.</li> <li>• Accept non-viral jaundice, i.e., jaundice as a newborn, erythroblastosis fetalis (hemolytic disease of newborn or Rh disease); jaundice secondary to gallstones, Gilbert's Disease, drug sensitivity or toxin once recovered.</li> </ul>
<b>Kaposi's Sarcoma</b>	Permanent deferral.
<b>Kawasaki Syndrome</b>	Accept if well and healthy with no cardiac complications.
<b>Keratoconjunctivitis</b>	Accept after condition resolved and treatment complete.
<b>Kidney Disease</b>	Accept if well and healthy.
<b>Kidney Stones</b>	Accept if asymptomatic.
<b>Kidney Transplantation</b>	<ul style="list-style-type: none"> <li>• Defer for 3 months.</li> <li>• Defer if has chronic renal failure.</li> </ul>
<b>Klinefelter Syndrome</b>	Accept if feeling well and healthy.
<b>Laparoscopy</b>	<ul style="list-style-type: none"> <li>• Evaluate reason for laparoscopy.</li> <li>• Accept if incision is healed and released from physician's care.</li> </ul>
<b>Laparotomy</b>	<ul style="list-style-type: none"> <li>• Evaluate reason for laparotomy.</li> <li>• Accept if incision is healed and released from physician's care.</li> </ul>
<b>Legionnaire's Disease</b>	Accept after condition resolved and treatment complete.
<b>Leishmaniasis</b>	Permanent deferral.
<b>Leprosy</b>	Accept if feeling well and healthy.
<b>Leptospirosis</b>	Accept after condition is resolved and treatment completed.
<b>Leukemia</b>	Accept if cancer free at least 5 years after treatment.
<b>Leukoplakia</b>	Accept.
<b>Lipomas</b>	<ul style="list-style-type: none"> <li>• Accept if not in antecubital areas and are benign.</li> <li>• If malignant, see "Cancer."</li> </ul>
<b>Liver Disease</b>	See specific entities/ "Jaundice." If not listed, Medical Director to evaluate.
<b>Lou Gehrig's Disease</b>	Permanent deferral.
<b>Low Blood Pressure</b>	Accept if blood pressure during donor evaluation is within guidelines.
<b>Lung Disorders</b>	See specific entity. If not listed, obtain Medical Director approval.
<b>Lung Surgery</b>	Accept after released from doctor's care and condition resolved.
<b>Lupus (Discoid)</b>	Accept if asymptomatic.
<b>Lupus (Systemic)</b>	Accept if asymptomatic.
<b>Lyme Disease (Confirmed)</b>	Accept after 30 days if asymptomatic whether or not treated.
<b>Lymphadenopathy (enlarged lymph nodes)</b>	Obtain Medical Director approval.
<b>Lymphoma</b>	Accept if cancer free at least 5 years after treatment.
<b>Malaria</b>	Accept if 3 years from completion of therapy if they have remained symptom-free.
<b>Malignancy</b>	See "Cancer"
<b>Manic-Depressive Illness</b>	Accept if competent and can understand the process.
<b>Marijuana use</b>	Accept if currently not under the influence.
<b>Mantoux Test</b>	See "Tuberculosis"
<b>Marfan's Syndrome</b>	Obtain Medical Director approval.

MEDICAL CONDITION	COMMENT
<b>Mastitis</b>	Accept after condition is resolved and treatment completed.
<b>Measles (Rubeola)</b>	Accept for exposure if the donor has been vaccinated or had the illness greater than 3 weeks ago. If neither applies defer for 3 weeks after exposure.
<b>Medical Testing using Contrast or Radioactive Labeling</b>	Defer for 48 hours after administration. (Imaging agent, or 'dye' used in in some scans, x-rays, and radiology)
<b>Melanoma (or Malignant Melanoma)</b>	Accept if cancer free for at least one-year post treatment.
<b>Meniere's Disease</b>	Accept if no problems of vertigo or dizziness when donor moves.
<b>Meningitis</b>	Accept after condition is resolved and treatment completed.
<b>Menstrual period</b>	Accept if feeling well and healthy.
<b>Microblading</b>	Semi-permanent tattooing process; See "Tattoos."
<b>Migraine</b>	Defer until resolved and feels well.
<b>Miscarriage</b>	Defer for 6 weeks from date of event.
<b>Mitral Insufficiency / Mitral Valve Prolapse</b>	Accept if: 1. Asymptomatic, 2. No arrhythmias, 3. No limitation of activities.
<b>Monilia Infection</b>	See "Candida Infection"
<b>Mpox (Monkeypox)</b>	<ul style="list-style-type: none"> <li>Asymptomatic (Close contact exposure): Defer for 21 days for possible exposure as long as the donor remains asymptomatic.</li> <li>Symptomatic: Defer for one (1) month from onset of symptoms and until all skin lesions have resolved, whichever is the later date.</li> </ul>
<b>Monoclonal Gammopathy of Undetermined Significance (MGUS)</b>	Accept if feeling well and healthy.
<b>Mononucleosis ("Mono")</b>	Defer until symptom free.
<b>MRSA carrier</b> <i>(Methicillin-resistant Staphylococcus aureus)</i>	Accept if feeling well and healthy.
<b>Multiple Myeloma</b>	Accept if cancer free at least 5 years after treatment.
<b>Multiple Sclerosis</b>	Accept if symptoms stable over the past 2 months with or without medications. <b>NOTE: Verify donor is not taking medication that would cause deferral (See "Medication Deferral List" NY-JA-0301).</b>
<b>Mumps</b>	<ul style="list-style-type: none"> <li>Accept 14 days after resolution of symptoms.</li> <li>Accept 1 month after exposure if no history of having mumps in the past.</li> </ul>
<b>Murmurs</b>	Accept if: 1. Asymptomatic and no limitation of activities.
<b>Muscular Dystrophy</b>	Accept if donor safety can be ensured during phlebotomy.
<b>Myasthenia Gravis</b>	Accept if asymptomatic.
<b>Mycosis Fungoides</b>	Accept if cancer free at least 5 years after treatment.
<b>Narcolepsy</b>	Accept if condition does not interfere with donation.
<b>Nephritis</b>	Donor is acceptable if well and healthy.
<b>Neuralgia (Trigeminal)</b>	Accept.
<b>Neurofibromatosis</b>	Accept if donor is in good health (no infections or malignancies) and has no lesions in the antecubital area that may interfere with the aseptic scrub.
<b>Non-Specific Urethritis</b>	Accept if asymptomatic. Refer to Syphilis or Gonorrhea if related to those conditions.

<b>MEDICAL CONDITION</b>	<b>COMMENT</b>
<b>Nosebleed (Epistaxis)</b>	Accept if does not have bleeding disorder.
<b>Nursing Mothers</b>	Accept.
<b>Open Wound</b>	Defer until dried and healed.
<b>Osgood-Schlatter Disease</b>	Accept.
<b>Osteochondroma</b>	Accept if feeling well and healthy.
<b>Osteomyelitis</b>	Accept 2 years after fully recovered.
<b>Osteoporosis</b>	Accept.
<b>Otitis Media</b>	Accept after condition is resolved and treatment completed.
<b>Ovarian Cysts</b>	Accept once released from doctor's care and feels well (Be certain that there was no diagnosis of malignancy).
<b>Pacemaker</b>	Accept one month after implantation, if asymptomatic.
<b>Paget's Disease of Bone</b>	Accept.
<b>Paget's Disease of Breast</b>	Accept if cancer free for at least one-year post treatment.
<b>Palpitations</b>	See "Arrhythmia"
<b>Pancreatitis</b>	Accept after condition is resolved and treatment completed.
<b>Papilloma Virus</b>	Accept.
<b>Parasitic Infections</b>	See specific entity; if not listed obtain Medical Director approval.
<b>Paratyphoid fever</b>	Accept if feeling well and healthy and symptoms resolved.
<b>Parkinson's Disease</b>	Accept if condition does not interfere with donation.
<b>Paroxysmal Nocturnal Hemoglobinuria</b>	Permanent deferral.
<b>Parvovirus</b>	<ul style="list-style-type: none"> <li>• Accept if treatment completed and fully recovered.</li> <li>• Defer for 21-days after exposure.</li> </ul>
<b>Pelvic Inflammatory Disease</b>	<ul style="list-style-type: none"> <li>• Accept after condition is resolved and treatment completed.</li> <li>• Defer for 3 months from completion of treatment if due to gonorrhea.</li> </ul>
<b>Pemphigoid/Pemphigus Vulgaris</b>	Accept if venipuncture sites are clear.
<b>Pericarditis</b>	<ul style="list-style-type: none"> <li>• Accept after treatment and condition resolved.</li> <li>• Accept if taking prophylactic antibiotics – accept.</li> </ul>
<b>Periodontal Disease</b>	<ul style="list-style-type: none"> <li>• Accept 3 days after condition resolved and treatment completed.</li> <li>• Accept If on maintenance/prophylaxis therapy (e.g., Periostat) – accept.</li> </ul>
<b>Peripheral Vascular Disease</b>	Accept if donor meets all other criteria. (Question donor about heart disease)
<b>Peritoneal Dialysis</b>	See "Dialysis"
<b>Pernicious Anemia</b>	Accept if hemoglobin within donor limits.
<b>Pertussis</b>	Obtain Medical Director approval.
<b>Phlebitis</b>	<ul style="list-style-type: none"> <li>• If superficial: accept if asymptomatic.</li> <li>• Deep vein thrombosis: accept if asymptomatic and at least one month after completion of anticoagulation therapy.</li> </ul>
<b>Pilonidal Cysts</b>	Accept if meets all donor criteria, no chronic fever, and no antibiotics.
<b>Pinworms</b>	Accept if feeling well and healthy.
<b>Pityriasis</b>	Accept if lesions not in antecubital regions.
<b>Pleurisy</b>	Defer until symptom free.

MEDICAL CONDITION	COMMENT
<b>Pneumocystis Carinii Pneumonia (PCP)</b>	Permanent deferral.
<b>Pneumonia</b>	Bacterial or viral types – accept after condition is resolved and treatment completed.
<b>Pneumothorax</b>	Accept if resolved.
<b>Poison Ivy</b>	Accept if no secondary infection and venipuncture sites clear.
<b>Poliomyelitis</b>	Accept unless there is active infection.
<b>Polycystic Kidney Disease</b>	<ul style="list-style-type: none"> <li>• Accept if renal function normal.</li> <li>• Permanent deferral if renal function abnormal.</li> </ul>
<b>Polycystic Ovary Syndrome</b>	Accept.
<b>Polycythemia</b>	<ul style="list-style-type: none"> <li>• Polycythemia Vera: permanent deferral.</li> <li>• Indefinite deferral for secondary polycythemia (donors requiring RBC reduction due to testosterone therapy).</li> </ul> <p><b>NOTE: It is acceptable for red cell collection only if the blood center has FDA approval.</b>  <b>Currently, NYBC does not have FDA approval to accept donors with this condition.</b></p>
<b>Polymyalgia Rheumatica</b>	Accept if asymptomatic.
<b>Polymyositis</b>	Accept if asymptomatic.
<b>Porphyria Cutanea Tarda</b>	Permanent deferral.
<b>Post-Splenectomy</b>	<ul style="list-style-type: none"> <li>• Accept if removed because of trauma or spontaneous rupture.</li> <li>• If removed for disease, obtain Medical Director approval.</li> </ul>
<b>Pott's Disease</b>	See "Tuberculosis"
<b>PPD Test (Purified Protein Derivative)</b>	<ul style="list-style-type: none"> <li>• Diagnostic skin test for tuberculosis. Donors who have just received a TB skin test because of exposure but have not yet had the test read are to be deferred until skin test is evaluated.</li> <li>• Donors who have just received a TB skin test as part of employment screening or yearly physical but have not yet had the test read: accept.</li> </ul>
<b>Progressive Multifocal Leukoencephalopathy</b>	Permanent deferral.
<b>Progressive Systemic Sclerosis</b>	Accept if disease is stable.
<b>Prostate Disorder</b>	<ul style="list-style-type: none"> <li>• Enlarged prostate without cancer (benign prostatic hypertrophy): accept.</li> </ul> <p><b>NOTE: Verify donor not taking a deferring medication.</b></p> <ul style="list-style-type: none"> <li>• Prostate cancer: accept if cancer free for at least one year post treatment.</li> <li>• Prostatitis: accept after condition resolved and treatment complete.</li> </ul> <p><b>NOTE: Antibiotic maintenance treatment accept.</b></p>
<b>Protein C Deficiency</b>	<ul style="list-style-type: none"> <li>• Anticoagulation therapy, if received, must be finished for at least one month.</li> <li>• No anticoagulation therapy: accept.</li> </ul>
<b>Protein S Deficiency</b>	<ul style="list-style-type: none"> <li>• Anticoagulation therapy, if received, must be finished for at least one month.</li> <li>• No anticoagulation therapy: accept.</li> </ul>

MEDICAL CONDITION	COMMENT
<b>Prothrombin Gene Mutation</b>	<ul style="list-style-type: none"> <li>• Anticoagulation therapy, if received, must be finished for at least one month.</li> <li>• No anticoagulation therapy: accept.</li> </ul>
<b>Psoriasis</b>	Accept if no secondary infection, lesions not in area of venipuncture. <b>NOTE: Verify donor not taking a deferring medication.</b>
<b>Psychiatric Problems</b>	Accept if competent and can understand the process.
<b>Pulmonary Embolism</b>	Accept if condition resolved, donor asymptomatic.
<b>Pyelonephritis</b>	<ul style="list-style-type: none"> <li>• Permanent deferral if chronic renal disease.</li> <li>• Accept if disease resolved and kidney function normal for at least 3 days.</li> </ul>
<b>Q Fever</b>	Accept 2 years after confirmed cured.
<b>Raynaud's Disease (Phenomenon)</b>	Accept if asymptomatic at time of donation.
<b>Reflux, Gastro-esophageal</b>	Accept.
<b>Regional Enteritis</b>	Accept if asymptomatic.
<b>Reiter's Syndrome</b>	Accept if asymptomatic.
<b>Relapsing Fever</b>	Obtain Medical Director approval.
<b>Renal Calculi</b>	Accept if asymptomatic.
<b>Renal Failure</b>	See "Kidney Disease"
<b>Respiratory Infection (Viral)</b>	Defer for active symptoms of a cold, flu, or upper respiratory infection (URI, sore throat) until symptoms have subsided and have been symptom free for 3 days.
<b>Reticuloendotheliosis (Hairy Cell Leukemia)</b>	Accept if cancer free at least 5 years after treatment.
<b>Rheumatic fever</b>	<ul style="list-style-type: none"> <li>• Asymptomatic, no recurrence: 1 month after end of treatment.</li> <li>• Symptomatic on daily antibiotic therapy: indefinite deferral.</li> </ul>
<b>Rheumatic Heart Disease</b>	<ul style="list-style-type: none"> <li>• Defer if symptomatic, activities limited and/or on medication.</li> <li>• Accept if on prophylactic antibiotics only.</li> </ul>
<b>Ringworm</b>	Accept if not in antecubital region.
<b>Rocky Mountain Spotted Fever</b>	Accept once antibiotics completed.
<b>Ronnel (Insecticide) Poisoning/ Exposure</b>	Defer for 2 weeks after skin exposure (Agent is an anti- cholinesterase, may alter red cell stability).
<b>Root Canal Surgery</b>	See "Dental Surgery"
<b>Rosacea</b>	Accept as long as not in antecubital area and no secondary infection.
<b>Roseola</b>	Accept if no secondary infection, lesions not in antecubital area.
<b>Rubella (German Measles)</b>	Accept for exposure if the donor has been vaccinated or had the illness greater than 4 weeks ago. If neither applies defer for 21 days after exposure.
<b>Salmonella</b>	Accept 1 week after completion of treatment.
<b>Sarcoidosis</b>	Accept if well and healthy.
<b>Sarcoma</b>	See "Cancer"
<b>Scabies</b>	Defer until off medication and asymptomatic.
<b>Scarlet Fever</b>	<ul style="list-style-type: none"> <li>• Accept if well and asymptomatic.</li> <li>• If heart disease involved, see "Rheumatic Heart Disease."</li> <li>• If exposed to patient, defer until 2 days after exposure and well.</li> </ul>
<b>Scarring</b>	3-month deferral if intentional skin scarring to make a design.

MEDICAL CONDITION	COMMENT
Schizophrenia	Accept if competent and can understand the process.
Scleroderma	Accept if disease is stable.
Seizures	<ul style="list-style-type: none"> <li>• Accept as long as seizure-free in the past month.</li> <li>• If was due to cancer, accept if cancer free for at least one-year post treatment.</li> </ul>
Sepsis	Accept one week after condition is resolved and treatment completed.
Severe Acute Respiratory Syndrome (SARS)	<ul style="list-style-type: none"> <li>• Donors with history of SARS, suspected of having SARS, or being treated for SARS: <b>Accept 28 days</b> after symptoms are resolved and treatment is complete.</li> <li>• Donors who have been in close contact (i.e., cared for, lived with, or had direct contact with body fluids) with someone with SARS or suspected of having SARS: <b>Accept 14 days</b> after last exposure provided donor is asymptomatic.</li> </ul>
Shigella	Accept 1 week after completion of treatment.
Shingles	Defer until 3 weeks after recovery.
Shortness of Breath	Accept if shortness of breath on exertion, providing donor is active and has no restrictions on his/her activities.
Sickle Cell Disease	Indefinite deferral.
Sickle Cell Trait	Known Sickle Cell Trait donor accept for platelet/plasma donations only. <b>Do not collect red cell products (whole blood or red cell apheresis).</b>
Sinusitis	Accept after condition is resolved and treatment completed.
Sjogren's Syndrome	Accept.
Skin Infections	<ul style="list-style-type: none"> <li>• Accept mild skin disorders, i.e., acne, psoriasis, poison ivy, without secondary infection. Venipuncture site must be clear.</li> <li>• Defer for 3 days or until treatment is complete and condition is resolved (whichever is longest period): any skin infection at the venipuncture site, severe skin infection anywhere on the body or any undiagnosed skin lesions.</li> </ul>
Skin Piercing	Accept only if performed with single-use equipment and under aseptic conditions; otherwise defer 3 months.
Smallpox Vaccine Exposure	<ul style="list-style-type: none"> <li>• For any donor who has come in close contact with someone who received smallpox vaccine (i.e., touched the vaccination site, touched the bandages or covering of vaccination site, handled bedding or clothing that has come in contact with a vaccination site):</li> <li>• If asymptomatic – accept.</li> <li>• If symptomatic (development of 'blister' at site of exposure) or severe complications - defer for 56 days from current date or 14 days after resolution of symptoms, whichever is longer.</li> <li>• Severe complications include the following: Rash (resembling 'blisters') covering a small or large area of the body; necrosis (tissue death) in the area of exposure; inflammation of the brain (encephalitis); infection of the cornea (eye); localized or systemic skin reaction in someone with eczema or other chronic skin condition.</li> </ul>
Sore Throat	Defer for active symptoms of a cold, flu, or upper respiratory infection (URI, sore throat) until symptoms have subsided and have been symptom free for 3 days.
Spherocytosis	Defer from red cells.
Splenectomy	<ul style="list-style-type: none"> <li>• Accept if removed because of trauma or spontaneous rupture.</li> <li>• If removed for disease, obtain Medical Director approval.</li> </ul> <p><b>NOTE: A donor who has had a splenectomy is not eligible for platelet donation depending on technology used.</b></p>
Spondylitis	Accept if no limitation of motion (can sit in donor chairs).

MEDICAL CONDITION	COMMENT
<b>Stein-Leventhal Syndrome</b>	Accept.
<b>Stem Cell Donation</b>	Defer for 8 weeks after procedure.
<b>Stenting (Coronary)</b>	Accept 6 months after procedure if: 1. Donor is asymptomatic. 2. Donor has no limitation of activities.
<b>Stitches</b>	Defer until stitches removed and wound healed.
<b>Strep Throat</b>	Accept after treatment completed and condition is resolved.
<b>Stroke</b>	Accept if: 1. One year after the stroke. 2. The donor is stable with or without deficits. 3. If received anticoagulation therapy, it is complete for at least one month after treatment is complete.
<b>Surgical Procedures</b>	<ul style="list-style-type: none"> <li>• Accept if released from doctor's care, feels well, and full activity has been resumed.</li> <li>• Obtain Medical Director approval for pre-op disease process, if necessary.</li> <li>• Defer 3 months if transfused.</li> </ul> <b>NOTE: Autologous platelet enriched plasma injection treatments – accept.</b>
<b>Syncope</b>	See “Fainting”
<b>Syphilis</b>	Defer for 3 months after treatment completed.
<b>Systemic Lupus Erythematosus (SLE)</b>	Accept if asymptomatic.
<b>Tachycardia</b>	Accept if pulse within criteria on day of donation.
<b>Tattoos</b>	Defer 3 months unless applied in an acceptable state/county/municipality. See list (NY-WI-0003 “Flow Charts for Donor History Questionnaire”)
<b>Tendonitis</b>	Accept if no acute symptoms.
<b>Testosterone</b>	See “Polycythemia”
<b>Thalassemia Major</b>	Permanent deferral.
<b>Thalassemia Trait/Minor</b>	Accept if hemoglobin/hematocrit is within the acceptable range.
<b>Thrombocytosis</b>	If primary (‘Essential’) – permanent deferral. If secondary – determine reason and refer to Medical Director for approval.
<b>Thrombophlebitis</b>	<ul style="list-style-type: none"> <li>• Superficial: accept if asymptomatic.</li> <li>• Deep vein thrombosis: accept if condition resolved and at least one month after completion of anticoagulation therapy.</li> </ul>
<b>Thrombophilia</b>	<ul style="list-style-type: none"> <li>• Permanent deferral if had more than one thromboembolic episode.</li> <li>• Anticoagulation therapy, if received, must be finished for at least 4 weeks.</li> </ul>
<b>Thyroid Disorders</b>	Hyperthyroidism and Hypothyroidism: Accept once euthyroid (normal thyroid function). <b>NOTE: Thyroid hormone replacement therapy acceptable.</b>
<b>Tick Bite</b>	<ul style="list-style-type: none"> <li>• If asymptomatic defer for 2 weeks following bite, regardless of treatment.</li> <li>• Defer for 3 months if febrile or symptomatic. If donor has a diagnosis, i.e., Babesiosis, Lyme disease, Ehrlichiosis, Rocky Mountain spotted fever, see specific entity.</li> </ul>
<b>Tinea Versicolor Infection</b>	Accept if venipuncture site is clear.

MEDICAL CONDITION	COMMENT
<b>Tonsillectomy &amp; Adenoidectomy</b>	<ul style="list-style-type: none"> <li>• Accept if released from doctor's care, feels well, and full activity has been resumed.</li> <li>• Obtain Medical Director approval for pre-op disease process.</li> <li>• Defer 3 months if transfused.</li> </ul>
<b>Tonsillitis</b>	Accept after condition is resolved and treatment completed.
<b>Tooth Extractions</b>	See "Dental Work"
<b>Tourette Syndrome</b>	Accept if donor safety can be ensured during phlebotomy.
<b>Toxic Shock Syndrome</b>	Accept after condition is resolved and treatment completed.
<b>Toxoplasmosis</b>	Accept 6 months after completion of treatment and donor feels well and healthy.
<b>Transfusion</b>	See "Blood Transfusion"
<b>Transient Ischemic Attacks (T.I.A.)</b>	Accept if: <ol style="list-style-type: none"> <li>1. One year after the stroke.</li> <li>2. The donor is stable.</li> <li>3. If received anticoagulation therapy, it is complete for at least one month.</li> </ol>
<b>Transplant</b>	<ul style="list-style-type: none"> <li>• Defer for 3 months recipients of an allogeneic skin, tissue, or bone fragment transplant.</li> <li>• Defer for 3 months recipients of an organ transplant (i.e., cornea, liver, kidney).</li> <li>• Defer 3 months for bone marrow or hematopoietic stem cell transplant.</li> <li>• Permanent deferral for dura mater (or brain covering) graft.</li> <li>• Permanent deferral for xenotransplantation.</li> </ul>
<b>Trichomoniasis</b>	Accept after treatment and asymptomatic.
<b>Trypanosomiasis</b>	Permanent deferral.
<b>Tuberculosis</b>	<ul style="list-style-type: none"> <li>• For active infection - defer 2 years after diagnosis provided treatment is complete.</li> <li>• Accept, if exposure and on anti-tubercular drugs and had negative chest x-ray.</li> <li>• Accept if had positive skin test and negative chest x-ray.</li> </ul>
<b>Tuberculosis Skin Test</b>	<ul style="list-style-type: none"> <li>• Donors who have just received a TB skin test because of exposure but have not yet had the test read are to be deferred until skin test is evaluated.</li> <li>• Donors who have just received a TB skin test as part of employment screening or yearly physical, but have not yet had the test read, are acceptable.</li> </ul>
<b>Typhoid Fever (Salmonella)</b>	Accept after condition is resolved and treatment completed. Medical Director to evaluate if recurrent.
<b>Typhus</b>	Accept after condition is resolved and treatment completed.
<b>Ulcer Disease</b>	Accept if asymptomatic.
<b>Ulcerative Colitis</b>	Accept if asymptomatic and no diarrhea for 3 days.
<b>Undulant Fever (Brucellosis)</b>	<ul style="list-style-type: none"> <li>• Accept if treatment complete and feeling well.</li> <li>• Untreated defer for 90 days.</li> </ul>
<b>Urinary Tract Infection</b>	<ul style="list-style-type: none"> <li>• Accept after treatment is completed and condition is resolved.</li> <li>• Accept if on prophylactic antibiotics and asymptomatic.</li> </ul>
<b>Urticaria</b>	Defer only if lesions in area of venipuncture.
<b>Uterine Bleeding</b>	<ul style="list-style-type: none"> <li>• If cause unknown – defer until evaluated by donor's doctor.</li> <li>• If non-malignant and meets donor criteria - accept.</li> </ul>
<b>Vaccinations</b>	See "Immunizations, Vaccinations and Other Miscellaneous Treatments" NY-JA-0318.
<b>Vaginitis</b>	Accept.

<b>MEDICAL CONDITION</b>	<b>COMMENT</b>
<b>Varicella-Zoster Infection (Shingles)</b>	See "Shingles"
<b>Vasectomy</b>	Accept if feeling well and healthy.
<b>Venereal Warts (Human Papilloma Virus)</b>	Accept.
<b>Venereal Disease</b>	See specific disease.
<b>Vertigo</b>	Accept if feeling well and healthy at the time of donation.
<b>Viral Infections</b>	<ul style="list-style-type: none"> <li>• Defer until donor afebrile and free of symptoms.</li> <li>• If exposed to childhood infection or contagious disease, see specific entity.</li> </ul>
<b>Von Recklinghausen's Disease</b>	Accept if donor is in good health (no infections or malignancies) and has no lesions in the antecubital area that may interfere with the aseptic scrub.
<b>Von Willebrand's Disease</b>	Accept if no episodes of major bleeds and never required treatment.
<b>Warts</b>	Accept. If recently removed and no sign of infection accept.
<b>West Nile Virus (WNV)</b>	For medical diagnosis (symptoms and laboratory results) of WNV or suspected WNV illness or infection: Defer for 120 days after diagnosis or onset of illness, whichever is the longest time period.
<b>Wilm's Tumor</b>	Accept if cancer free for at least one-year post treatment.
<b>Wilson's Disease</b>	Accept if not jaundiced.
<b>Wolff Parkinson White Syndrome</b>	Accept after 6 months if asymptomatic with no limitation of activities.
<b>Xenotransplantation</b>	Non-living biological products or materials from nonhuman animals, such as porcine (pig) or bovine (cow) heart valves or porcine insulin are acceptable.
<b>Yeast Infection</b>	<ul style="list-style-type: none"> <li>• Vaginal – Accept.</li> <li>• Thrush (oral) – obtain MD approval.</li> </ul>
<b>Zika Virus</b>	Donors reporting being diagnosed with the Zika virus are acceptable 120 days after the last positive test result or symptoms (rash, fever, joint pain, muscle pain, headache, or red eyes) are resolved whichever is later.