DONOR/RECIPIENT HISTORY INTERVIEW

For use of this form, see AR 600-110; the proponent agency is the DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974.

AUTHORITY:	Title 5, United States Code *(USC)*, Section 301; Title 44, USC, Section 3101; and Title 10 USC. Section 1071.
PRINCIPAL PURPOSE:	To collect information from confirmed HIV infected individuals who indicate a past history of donating or receiving blood, blood products, organ *(s),* tissue or sperm since 1977.
ROUTINE USES:	Information collected may be released to appropriate medical authorities in order to properly investigate the final disposition of any donations or recipient events recorded on this form.
DISCLOSURE:	Disclosure of information requested is voluntary. However, failure to provide the required information may hinder lookback procedures.

1. NAME OF INDIVIDUAL *(Last, First, Middle Initial)*	2. CURRENT ADDRESS *(Number, Street, City, State)*

3. SOCIAL SECURITY NUMBER	4. TELEPHONE NUMBER *(Include area code)* WORK: HOME:	5. DATE OF BIRTH (Mo. Day, Yr)	6. SEX ☐ Male ☐ Female

7. I acknowledge that it may be necessary to release information to my confirmed HIV status by representatives of the Medical Advisory Committee of _____ to the appropriate medical authorities in order to
(Medical Treatment Facility)

properly investigate the final disposition of any donations or recipient events recorded below. I hereby give permission for the release of this information.

_____ _____
(Signature) *(Date)*

_____ _____ _____
WITNESS (Print/Type Name) *(Signature)* *(Date)*

_____ _____ _____
Medical Advisory, Point of Contact: (Name) *Telephone Number (DSN)* *(Commercial)*

8. Military Beneficiary Status *(Please Check appropriate category):*

Active ☐ Dependent of Active Duty ☐ Sponsor's Name _____
Retired ☐ Dependent of Retired ☐ Sponsor's SSAN _____
Civilian ☐ Service Army ☐ Navy ☐
Air Force ☐ Marine ☐ Other ☐ *(Identify)* _____

9. Have you donated any blood, blood product, organ *(s)*, tissue or sperm since 1977? *(Please check appropriate response.)*

YES ☐ NO ☐

10. If the answer to question #9 is YES, please indicate below the type and number of times you have donated. *(Please circle appropriate response and indicate the number of times below.)*

Blood / Blood Products Number _____
Organ (s) / Tissues Number _____
Sperm Number _____

11. For each donation indicated above please provide that date and location below. Please note that any and all documentation pertaining to the donation events indicated above should be utilized to ensure that accurate information is provided. If exact information concerning the locations or dates is not available,then please provide the information that is available.

Donation #1 Type _____ *Date (Month, Day, Yr)* _____

Name or Organization _____

Location _____
(Street Address, City, State, Zip Code)

Donation #2 Type _____ Date *(Month, Day, Yr)* _____

Name or Organization _____

Location _____
(Street Address, City, State, Zip Code)

Donation date and location continues. *(Please use additional sheets, if necessary.)*

Donation #3 Type _____ Date *(Month, Day, Yr)* _____

Name or Organization _____

Location _____

(Street Address, City, State, Zip Code)

12. Have you been the recipient of any blood, blood product, organ *(s)* , tissue or sperm since 1977? *(Please check appropriate response.)*

YES ☐ NO ☐

13. If the answer to question #12 is YES, please indicate below the type and number of times you have been a recipient. *(Please circle appropriate response and indicate the number of times below.)*

Blood / Blood Products Number _____

Organ (s) / Tissues Number _____

Sperm Number _____

14. For each receipt indicated above please provide that date and location below. Please note that any and all documentation pertaining to the donation events indicated above should be utilized to ensure that accurate information is provided. If exact information concerning the locations or dates is not available, then please provide the information that is available. *(Please use additional sheets, if necessary.)*

Receipt #1 Type _____ Date *(Month, Day, Yr)* _____

Name or Organization _____

Location _____

(Street Address, City, State, Zip Code)

Receipt #2 Type _____ Date *(Month, Day, Yr)* _____

Name or Organization _____

Location _____

(Street Address, City, State, Zip Code)

Receipt #3 Type _____ Date *(Month, Day, Yr)* _____

Name or Organization _____

Location _____

(Street Address, City, State, Zip Code)

15. REMARKS