


DukeMedicine


Pediatric Blood and Marrow Transplant
Adult Blood and Marrow Transplant
Stem Cell Laboratory

DOCUMENT NUMBER: COMM-PAS-020 FRM1

DOCUMENT TITLE:

Donor Risk Questionnaire Addendum - Coronavirus

DOCUMENT NOTES:
Document Information
Revision: 01

Vault: COMM-PAS-rel

Status: Release

Document Type: COMM-PAS

Date Information
Creation Date: 27 Jun 2025

Release Date: 01 Jul 2025

Effective Date: 01 Jul 2025

Expiration Date:
Control Information
Author: MC363

Owner: MC363

Previous Number: None

Change Number: PAS-CCR-043

COMM-PAS-020 FRM1
**Donor Risk Questionnaire Addendum-
 Coronavirus**

Place Label Here

Please complete the 3 questions (labeled 1-3) below regarding COVID-19 (coronavirus):

Note: in the case of donors for pediatric donors, each question should be addressed as “have you or your child”

1. In the past 28 days, have you cared for, lived with, or otherwise had close contact with individuals diagnosed with or suspected of having COVID-19 infection? ☐ No ☐ Yes

2. In the past 28 days, have you been diagnosed with or suspected of having COVID-19 infection? ☐ No ☐ Yes

3. In The past 28 days, have you had a positive test result from a diagnostic test approved, cleared, or authorized by FDA for SARS-CoV-2 but never developed symptoms? ☐ No ☐ Yes

This section below is for Staff only:

Designate the program through which the donor is associated:

☐ ATCT ☐ PTCT ☐ Other (specify) _____

For ALL questions above, a “yes” response must be reviewed by the medical director, or program-specific designee, and approval or exclusion for donation must be provided.

Program Staff Review _____

(Print Name) (Signature) (Date)

Signature Manifest**Document Number:** COMM-PAS-020 FRM1**Revision:** 01**Title:** Donor Risk Questionnaire Addendum - Coronavirus**Effective Date:** 01 Jul 2025

All dates and times are in Eastern Time.

COMM-PAS-020 FRM1 Donor Risk Questionnaire Addendum - Coronavirus**Author**

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Document Release

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