

**DUKE****DOCUMENT NUMBER:** COMM-QA-081 FRM3**DOCUMENT TITLE:**

Donor Risk Questionnaire Addendum- Monkeypox FRM3

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COMM-QA-081 FRM3  
**DONOR RISK QUESTIONNAIRE**  
**Addendum - Monkeypox**

Place Label Here

**Please complete the 3 questions (labeled 1-3) below regarding monkeypox:**

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

**In the past 21 days have you:**

1. cared for, lived with, or otherwise had close contact with a person or an animal  
diagnosed with or suspected of having monkeypox infection? ..... ☐ No ☐ Yes
  
2. been diagnosed with or suspected of having monkeypox infection? ..... ☐ No ☐ Yes
  
3. developed a rash or other symptoms suggestive of monkeypox infection? ..... ☐ No ☐ Yes

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**This section below is for Staff only:**

**Designate the program through which the donor is associated:**

☐ CCB ☐ ABMT ☐ PTCT ☐ Thymus ☐ 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-QA-081 FRM3**Revision:** 01**Title:** Donor Risk Questionnaire Addendum- Monkeypox FRM3**Effective Date:** 08 Nov 2022

All dates and times are in Eastern Time.

**COMM-QA-081 FRM3 Donor Risk Questionnaire Addendum- Monkeypox FRM3****Author**

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**Document Release**

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