



# DUKE

**DOCUMENT NUMBER:** COMM-QA-081 FRM4

**DOCUMENT TITLE:**

Donor Risk Questionnaire Addendum- Monkeypox- Spanish FRM4

**DOCUMENT NOTES:**

**Document Information**

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**Author:** BAKER133

**Owner:** BAKER133

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COMM-QA-081 FRM4  
**DONOR RISK QUESTIONNAIRE**  
**Addendum - Monkeypox**

Place Label Here

**Por favor responda a las 3 siguientes preguntas (numeradas 1-3) sobre la viruela del mono:**

**Nota: en caso de donantes para trasplante de timo, o donantes pediátricos, “usted” debe interpretarse como “usted o su hijo/a”**

**En los últimos 21 días usted ha:**

1. ¿cuidado, convivido, o de cualquier otra forma tenido contacto cercano con una persona o animal diagnosticado con o bajo sospecha de tener una infección de la viruela del mono? ..... ☐ No ☐ Si
2. ¿sido diagnosticado con o ha estado bajo sospecha de tener una infección de la viruela del mono? ..... ☐ No ☐ Si
3. ¿desarrollado un sarpullido u otros síntomas que pudieran sugerir una infección de la viruela del mono? ..... ☐ No ☐ Si

**Esta sección es para uso exclusivo del personal del Programa:**

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

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

☐ CCBB ☐ 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 FRM4**Revision:** 01**Title:** Donor Risk Questionnaire Addendum- Monkeypox- Spanish FRM4**Effective Date:** 08 Nov 2022

All dates and times are in Eastern Time.

**COMM-QA-081 FRM4 Donor Risk Questionnaire Addendum- Monkeypox- Spanish FRM4****Author**

| Name/Signature            | Title | Date                     | Meaning/Reason |
|---------------------------|-------|--------------------------|----------------|
| Jennifer Baker (BAKER133) |       | 21 Oct 2022, 10:56:13 AM | Approved       |

**Medical Director**

| Name/Signature              | Title | Date                     | Meaning/Reason |
|-----------------------------|-------|--------------------------|----------------|
| Joanne Kurtzberg (KURTZ001) |       | 21 Oct 2022, 01:36:31 PM | Approved       |

**Quality**

| Name/Signature   | Title | Date                     | Meaning/Reason |
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| Bing Shen (BS76) |       | 21 Oct 2022, 03:43:13 PM | Approved       |

**Document Release**

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