

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 or designee review/approval may be made by Blood Center Fellows.

MEDICAL CONDITION	COMMENT
Abortion	Defer for 6 weeks from date of termination.
Abscesses	Accept after condition is resolved and treatment is complete.
Acne	Accept if not taking a deferring medication.
Acoustic Neuroma	<ul style="list-style-type: none"> • Accept if benign (non-cancerous). • If malignant (cancerous) accept if cancer free for at least one-year post treatment.
Acromegaly	Accept.
Actinomycosis	Accept after condition resolved and treatment complete.
Acupuncture	Accept only if underlying condition is not cause for deferral and if performed with single-use equipment and under aseptic conditions; otherwise defer 3 months.
Acute Tubular Necrosis	Accept if recovered and renal function normal.
Addison's Disease	Donor is acceptable if well and healthy.
Adenomas	Accept.
Adrenal Disorders	See specific disorder.
Adrenal Glands Absent	Accept if well and healthy.
Adrenal-Cortical Syndrome (Cushing Syndrome)	Accept if cured.
Agammaglobulinemia	Permanent deferral.
Agent Orange Exposure	Donor is acceptable if feeling well and healthy.
AIDS	Permanent deferral.
Alcoholic Cirrhosis	Permanent deferral unless donor had a liver transplant.
Alcoholism	Defer if under the influence.
Allergies	Donor is acceptable if well and healthy.
Allergy Injections	Accept.
Alpha-1-Antitrypsin Deficiency	Accept if asymptomatic and not using replacement therapy.
Alzheimer's Disease	Accept if donor is able to provide an accurate health history.
Amoebic Dysentery	Accept after treatment is completed and parasite eliminated.
Amyloidosis	Accept if asymptomatic.
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	Permanent deferral.
Anaplasmosis	<ul style="list-style-type: none"> • Accept if treatment complete and feeling well. • Defer 90 days if untreated.
Anemias	<ul style="list-style-type: none"> • 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).

MEDICAL CONDITION	COMMENT
Aneurysms	<ul style="list-style-type: none"> • Accept 6 months from surgery, if healed, feels well, released from MD care and no activity restrictions. • If not surgically corrected Medical Director review is required.
Angina Pectoris	Donor is acceptable 3 months after last symptom.
Angioedema	<ul style="list-style-type: none"> • Defer if cause is genetic. • Accept donor is stable and symptom free.
Angioplasty/Stenting (Coronary)	Accept 6 months after procedure if: <ol style="list-style-type: none"> 1. Donor is asymptomatic, and 2. Donor has no limitation of activities.
Animal Bites	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.
Animal Needle Stick	Defer for 12 months a donor who has been exposed to an animal's blood (domesticated or wild) through a needle stick.
Ankylosing Spondylitis	Accept if no limitation of motion (can sit in donor chairs).
Anthrax	Defer until the full course of treatment is complete.
Antiphospholipid Antibody Syndrome	Accept if symptom free.
Aortic Stenosis/Aortic Regurgitation	Accept 6 months after surgical repair if: <ol style="list-style-type: none"> 1. Donor is asymptomatic, and 2. Donor has no limitation of activities.
Appendectomy	Accept if released from doctor's care, feels well, full activity has been resumed.
Arrhythmias	A donor with a history of arrhythmia may be accepted with/without medication if: <ol style="list-style-type: none"> 1. Donor is asymptomatic, and 2. Donor has no history of other cardiac problems. See "Irregular Pulse"
Arteriovenous (AV) Malformation	<ul style="list-style-type: none"> • Accept if surgically corrected and asymptomatic for 6 months from date of surgery. • If not surgically corrected written medical release and Medical Director review is required.
Arthritis (Adult and Juvenile)	<ul style="list-style-type: none"> • Osteoarthritis (Adult only) - Accept. • Rheumatoid arthritis - Accept unless in acute phase. • Psoriatic arthritis - Accept unless in acute phase. <ul style="list-style-type: none"> - Accept if no lesions in venipuncture area.
Asbestosis	Donor is acceptable if asymptomatic, with or without medications.
Asthma	Accept if asymptomatic.
Atrial Fibrillation	Donor is acceptable if no symptoms, with/without medications.
Atrial-Septal Defect (ASD)	Accept if asymptomatic.
Autoimmune Disorders	A donor is acceptable with or without medications provided they are not having an acute episode and on no deferring medication.
Babesiosis	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.
Baker's cyst	Donor is acceptable if feeling well and healthy.
Bee Stings	<ul style="list-style-type: none"> • If symptomatic – allergic: one day deferral. • If asymptomatic – allergic: no deferral.
Behcet's Disease	Accept if asymptomatic.

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

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

MEDICAL CONDITION	COMMENT
Cerebral Palsy	Accept if donor safety can be ensured during phlebotomy.
Cerebrovascular Accident	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.
Cervical Dysplasia	Accept.
Chagas Disease	Permanent deferral.
Charcot-Marie-Tooth disease	Accept if feeling well and healthy.
Chemotherapy	See "Cancer"
Chest Pain	<ul style="list-style-type: none"> • Defer unless evaluated by doctor and not due to heart disease. • If due to heart disease, see "Angina Pectoris."
Chicken Pox	<ul style="list-style-type: none"> • Accept if previously immunized. • Accept 4 weeks after exposure if asymptomatic and not previously immunized. • If symptomatic, defer 4 weeks after recovery.
Chikungunya	Defer 1 month after recovery.
Chlamydia (genital)	Accept once resolved.
Chronic Bronchitis	Accept if symptom free and not on antibiotics.
Chronic Fatigue Syndrome (CFS; myalgic encephalomyelitis)	Accept if well and healthy.
Chronic Granulomatous Disease	Permanent deferral.
Chronic Lung Disease	Accept if donor is asymptomatic and not on antibiotics.
Cirrhosis	Permanent deferral.
Coagulation Factor	If received for condition other than congenital coagulation factor deficiency (see below) - Defer 3 months from the time of infusion.
Coagulation Factor Deficiencies (Congenital)	Permanent deferral except for Factor XII (12) deficiency.
Coccidiomycosis	<ul style="list-style-type: none"> • Permanent deferral if disseminated or extra pulmonary (outside the lungs). • If pulmonary, defer for 1 year after diagnosis provided treatment is complete.
Cold Sores	See "Herpes Simplex 1"
Colds	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.
Colitis, Non-Specific	<ul style="list-style-type: none"> • Accept if asymptomatic. • Defer for 3 days after last episode of diarrhea.
Collagen Vascular Diseases	Refer to specific disease.
Colonoscopy	Accept 12 hours after procedure unless pending biopsy results.
Colostomy	Accept if well and healthy.
Concussion	Accept if feeling well and healthy.
Condylomata Acuminata (Venereal Warts)	Accept.

MEDICAL CONDITION	COMMENT
Congenital Heart Disease	<ul style="list-style-type: none"> • Defer if symptomatic. • Accept if asymptomatic with no limitation activities. • If surgically corrected, accept after 6 months if asymptomatic with no limitation of activities.
Congestive Heart Failure	See “Cardiomyopathy”
Conization of Cervix	See “Surgery”
Conjunctivitis	Defer until resolved and asymptomatic.
Convulsions	<ul style="list-style-type: none"> • Accept if no seizure in the past month. • If due to cancer, accept if cancer free for at least one-year post treatment.
COPD (Chronic Obstructive Pulmonary Disease)	<ul style="list-style-type: none"> • Accept if 1 year since last symptom and donor can walk up a flight of stairs without shortness of breath. • Indefinite deferral if using oxygen.
Corona Virus (COVID-19)	<ul style="list-style-type: none"> • 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 7 days after complete resolution of symptoms. • Individuals who had a positive diagnostic test for SARS-CoV-2 (e.g., nasopharyngeal swab), but never developed symptoms, defer for at least 7 days after the date of the positive test result. • 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).
Coronary Artery Bypass Surgery	<p>Accept if:</p> <ol style="list-style-type: none"> 1. 6 months after surgery, AND 2. Donor is asymptomatic, AND 3. Donor has resumed normal activities. <p>If due to heart attack, accept 6 months later if:</p> <ol style="list-style-type: none"> 1. Donor is asymptomatic and has no limitation of activities. 2. Donors who are symptomatic or have restrictions require Medical Clearance or NYBC Medical Director approval.
Costochondritis	Accept.
Coxsackie Virus	Accept if recovered.
Cranial Plates	Accept if feeling well and healthy.
CREST Syndrome	Accept if asymptomatic.
Creutzfeldt-Jacob Disease	<p>Permanent deferral.</p> <p>NOTE: Donors who volunteer that they have blood relatives known to have a genetic form of CJD should be indefinitely deferred.</p>
Crohn's Disease	Accept if asymptomatic and no diarrhea for 3 days.
Cryptococcosis	<ul style="list-style-type: none"> • Accept if well and asymptomatic. • Permanent deferral if extra pulmonary.
Cryptosporidiosis	Accept if asymptomatic and off treatment.
Cushing's Syndrome	Accept if cured.
Cutaneous Larva Migrans	Accept after completion of therapy and feels well.
Cystic Fibrosis	<ul style="list-style-type: none"> • Accept if no current infection and off treatment. • Defer if infected or being treated for an infection.
Cystitis	Accept after condition resolved and treatment complete.
Cysts	Accept if not infected.

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

MEDICAL CONDITION	COMMENT
Emphysema	<ul style="list-style-type: none"> • Donor is acceptable if asymptomatic with or without medication (except antibiotics). • Chronic, symptomatic and on medication: Permanent deferral.
Encephalitis	Accept 4 weeks after recovery.
Endocarditis	<ul style="list-style-type: none"> • Accept after condition resolved and treatment complete. • If taking prophylactic antibiotics, obtain Medical Director approval.
Endocrine Disorder	See specific entity.
Endometriosis	Accept.
Endometritis	Accept after condition resolved and treatment complete.
Epilepsy	<ul style="list-style-type: none"> • Accept as long as seizure-free in the past month. • If due to cancer, accept if cancer free for at least one-year post treatment.
Epistaxis (Nosebleed)	Accept if does not have bleeding disorder.
Epstein Barr Virus (Mononucleosis)	Accept if recovered.
Erythema Nodosum	Can accept if recovered and asymptomatic.
Esophagitis	Accept if asymptomatic and no underlying disease.
Exostosis	Accept if feeling well and healthy.
Factor II	See "Prothrombin Gene Mutation"
Factor V Leiden	<ul style="list-style-type: none"> • Anticoagulation therapy, if received, must be finished for at least one month. • No anticoagulation therapy: accept.
Factor XI deficiency	Permanent deferral.
Fainting	Defer if frequent and recurring.
Fever Blisters	Accept if dried and healing.
Fibrocystic Disease of Breast	Accept.
Fibroids	Accept.
Fibromyalgia	Accept.
Fibromyositis	Accept.
Fibrin glue (used for wound closure)	Accept if feeling well and healthy.
Fifth Disease	Defer 21 days after exposure.
Floppy Valve (Mitral Valve Prolapse)	Accept if: <ol style="list-style-type: none"> 1. Asymptomatic, and 2. No arrhythmias, and 3. No limitation of activities.
Flu	Accept when symptom free for 3 days.
Folliculitis	Accept is feeling well and healthy.
Food Poisoning	Accept if symptom free for 3 days.
Fungal Infection	See specific entity. <ul style="list-style-type: none"> • If systemic or deep tissues involved, defer 1 month after cessation of therapy, and feels well. • If superficial, away from venipuncture site - Accept.
G6PD deficiency	Accept for platelet or plasma donations. Defer from red cell donation types.
Gastritis	<ul style="list-style-type: none"> • If acute - Accept after condition resolved. • If chronic – Accept if not on antibiotics (for Helicobacter Pylori).

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

MEDICAL CONDITION	COMMENT
Heart Surgery	Accept if: 1. Has been six months since surgery, AND 2. Donor is asymptomatic, AND 3. Donor has resumed normal activities. If due to heart attack, accept 6 months later if: 1. Donor is asymptomatic and has no limitation of activities. 2. Donors who are symptomatic or have restrictions require Medical Clearance or NYBC Medical Director approval.
Heartburn	Accept.
Helicobacter pylori	Accept if treatment is complete and off antibiotics.
Hematuria	Defer until evaluated by doctor then re-evaluate with diagnosis.
Hemochromatosis	<ul style="list-style-type: none"> Accept if donor meets criteria for donation including the appropriate interval for targeted donation. If the donor does not meet criteria follow Hereditary Hemochromatosis Phlebotomy Program.
Hemodialysis	<ul style="list-style-type: none"> Accept if dialysis discontinued. Permanent deferral for chronic dialysis patients.
Hemolytic Anemias	See specific entity. If not listed, obtain Medical Director approval.
Hemophilia	Permanent deferral.
Hemorrhoids	<ul style="list-style-type: none"> Accept. If post-operative, defer until healing is complete.
Hepatitis	<ul style="list-style-type: none"> Permanently defer a donor with a history of Hepatitis B or C. Accept a donor who has tested positive for Hepatitis B surface antibodies (anti-HBs) at least 2 weeks following Hepatitis B immunization. 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. Accept hepatitis due to mononucleosis. Accept donor with Hepatitis A 120 days after diagnosis.
Hereditary Hemorrhagic Telangiectasia (HHT)	Accept provided donor not transfused within the past 3 months.
Hereditary Spherocytosis	Defer from red cell donation.
Hernia	Accept.
Herniated Disc	Accept.
Herpangina	Accept if feeling well and healthy.
Herpes Simplex 1	<ul style="list-style-type: none"> Accept if dried and healing. If symptomatic: one-month deferral.
Herpes Simplex 2	<ul style="list-style-type: none"> Donor is acceptable if asymptomatic for one month or more and lesions dried and healed. Permanent deferral if chronic ulcers persisting lasting over one month or if donor has related bronchitis, pneumonitis, or esophagitis.
Hidradenitis [inflammation of the sweat gland(s)]	Accept after condition resolved and treatment complete.
High Blood Pressure	Accept if blood pressure at site is within guidelines.
Hirschsprung's Disease	Accept if recovered and asymptomatic.

MEDICAL CONDITION	COMMENT
Histoplasmosis	<ul style="list-style-type: none"> • Accept if disease diagnosed by chest x-ray findings as inactive disease. • Defer if disease is active.
HIV Medications	Medications to prevent or treat HIV, see “ <i>Medication Deferral List</i> ” NY-JA-0301.
HIV Test Confirmed Positive	Permanent deferral.
Hodgkin's Disease	Accept if cancer free at least 5 years after treatment.
Human Bite	Defer 3 months if skin is broken, otherwise accept.
Human Papilloma Virus	Accept if feeling well and healthy.
Huntington's Disease	Accept as long as movement disorder does not interfere with donation.
Hydrocephalus	Accept if mentally competent, no infection and no active seizure history.
Hypercortisolism	Accept if feeling well and healthy.
Hyperlipidemia	Accept.
Hyperparathyroidism	Accept if asymptomatic.
Hypertension	Accept if blood pressure at site is within guidelines.
Hypoglycemia	Accept if asymptomatic.
Hypoparathyroidism	Accept if asymptomatic.
Hypotension	Accept if blood pressure at site is within guidelines.
Idiopathic Thrombocytopenic Purpura (ITP)	Donor is acceptable if completely recovered.
Immunizations	See “ <i>Immunizations, Vaccinations and Other Miscellaneous Treatments</i> ” NY-JA-0318.
Infections	See specific entity. If not listed, obtain Medical Director approval.
Infectious Mononucleosis	Donor is acceptable if well and healthy.
Insect Bites	Defer if infected or in antecubital area.
Irregular Pulse	<p><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></p> <ul style="list-style-type: none"> • Accept if pulse is noted to have less than 10 irregular beats per minute. • Defer if pulse is noted to have 10 or more irregular beats per minute.
Irritable Bowel Syndrome	<ul style="list-style-type: none"> • Accept if asymptomatic. • Defer for 3 days after last episode of diarrhea.
Itching	Accept unless not able to perform venipuncture due to site of itching.
Jacob-Creutzfeldt Disease	Permanent deferral.
Jaundice	<p>Determine cause.</p> <ul style="list-style-type: none"> • Permanent deferral if cause is unknown or associated with Hepatitis B or C. • Accept if due to mononucleosis (Epstein-Barr) and now recovered. • 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.
Kaposi's Sarcoma	Permanent deferral.
Kawasaki Syndrome	Accept if well and healthy with no cardiac complications.
Keratoconjunctivitis	Accept after condition resolved and treatment complete.
Kidney Disease	Accept if well and healthy.
Kidney Stones	Accept if asymptomatic.

MEDICAL CONDITION	COMMENT
Kidney Transplantation	<ul style="list-style-type: none"> • Defer for 3 months. • Defer if has chronic renal failure.
Klinefelter Syndrome	Accept if feeling well and healthy.
Laparoscopy	<ul style="list-style-type: none"> • Evaluate reason for laparoscopy. • Accept if incision is healed and released from physician's care.
Laparotomy	<ul style="list-style-type: none"> • Evaluate reason for laparotomy. • Accept if incision is healed and released from physician's care.
Legionnaire's Disease	Accept after condition resolved and treatment complete.
Leishmaniasis	Permanent deferral.
Leprosy	Accept if feeling well and healthy.
Leptospirosis	Accept after condition is resolved and treatment completed.
Leukemia	Accept if cancer free at least 5 years after treatment.
Leukoplakia	Accept.
Lichen Planus	Accept if infection-free and no lesions in the cubital area.
Lipomas	<ul style="list-style-type: none"> • Accept if not in antecubital areas and are benign. • If malignant, see "Cancer."
Liver Disease	See specific entities: "Jaundice." If not listed, Medical Director to evaluate.
Lou Gehrig's Disease	Permanent deferral.
Low Blood Pressure	Accept if blood pressure during donor evaluation is within guidelines.
Lung Disorders	See specific entity. If not listed, obtain Medical Director approval.
Lung Surgery	Accept after released from doctor's care and condition resolved.
Lupus (Discoid)	Accept if asymptomatic.
Lupus (Systemic)	Accept if asymptomatic.
Lyme Disease (Confirmed)	Accept after 30 days if asymptomatic whether or not treated.
Lymphadenopathy (enlarged lymph nodes)	Obtain Medical Director approval.
Lymphoma	Accept if cancer free at least 5 years after treatment.
Malaria	Accept if 3 years from completion of therapy if they have remained symptom-free.
Malignancy	See "Cancer"
Manic-Depressive Illness	Accept if competent and can understand the process.
Marijuana use	Accept if currently not under the influence.
Mantoux Test	See "Tuberculosis"
Marfan's Syndrome	Obtain Medical Director approval.
Mastitis	Accept after condition is resolved and treatment completed.
Measles (Rubeola)	<ul style="list-style-type: none"> • 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.
Medical Testing using Contrast or Radioactive Labeling	Defer for 48 hours after administration. (Imaging agent, or 'dye' used in in some scans, x-rays, and radiology)
Melanoma (or Malignant Melanoma)	Accept if cancer free for at least one-year post treatment.
Meniere's Disease	Accept if no problems of vertigo or dizziness when donor moves.
Meningitis	Accept after condition is resolved and treatment completed.

MEDICAL CONDITION	COMMENT
Menstrual period	Accept if feeling well and healthy.
Microblading	Semi-permanent tattooing process; See "Tattoos."
Migraine	Defer until resolved and feels well.
Miscarriage	Defer for 6 weeks from date of event.
Mitral Insufficiency / Mitral Valve Prolapse / Mitral Valve Regurgitation	Accept if: 1. Asymptomatic, 2. No arrhythmias, 3. No limitation of activities.
Monilia Infection	See "Candida Infection"
Mpox (Monkeypox)	<ul style="list-style-type: none"> Asymptomatic (Close contact exposure): Defer for 21 days for possible exposure as long as the donor remains asymptomatic. Symptomatic: Defer for one (1) month from onset of symptoms and until all skin lesions have resolved, whichever is the later date.
Monoclonal Gammopathy of Undetermined Significance (MGUS)	Accept if feeling well and healthy.
Mononucleosis ("Mono")	Defer until symptom free.
MRSA carrier <i>(Methicillin-resistant Staphylococcus aureus)</i>	Accept if feeling well and healthy.
Multiple Myeloma	Accept if cancer free at least 5 years after treatment.
Multiple Sclerosis	Accept if symptoms stable over the past 2 months with or without medications. NOTE: Verify donor is not taking medication that would cause deferral (See "Medication Deferral List" NY-JA-0301).
Mumps	<ul style="list-style-type: none"> Accept 14 days after resolution of symptoms. Accept 1 month after exposure if no history of having mumps in the past.
Murmurs	Accept if asymptomatic and no limitation of activities.
Muscular Dystrophy	Accept if donor safety can be ensured during phlebotomy.
Myasthenia Gravis	Accept if asymptomatic.
Mycosis Fungoides	Accept if cancer free at least 5 years after treatment.
Narcolepsy	Accept if condition does not interfere with donation.
Nephritis	Donor is acceptable if well and healthy.
Neuralgia (Trigeminal)	Accept.
Neurofibromatosis	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.
Non-Specific Urethritis	Accept if asymptomatic. Refer to Syphilis or Gonorrhea if related to those conditions.
Nosebleed (Epistaxis)	Accept if does not have bleeding disorder.
Nursing Mothers	Accept.
Open Wound	Defer until dried and healed.
Oropouche	Defer for 4 weeks after cessation of symptoms.
Osgood-Schlatter Disease	Accept.
Osteochondroma	Accept if feeling well and healthy.
Osteomyelitis	Accept 2 years after fully recovered.
Osteoporosis	Accept.
Otitis Media	Accept after condition is resolved and treatment completed.

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

MEDICAL CONDITION	COMMENT
Poison Ivy	Accept if no secondary infection and venipuncture sites clear.
Poliomyelitis	Accept unless there is active infection.
Polycystic Kidney Disease	<ul style="list-style-type: none"> • Accept if renal function normal. • Permanent deferral if renal function abnormal.
Polycystic Ovary Syndrome	Accept.
Polycythemia	<ul style="list-style-type: none"> • Polycythemia Vera: permanent deferral. • Indefinite deferral for secondary polycythemia (donors requiring RBC reduction due to testosterone therapy). <p>NOTE: It is acceptable for red cell collection only if the blood center has FDA approval. Currently, NYBC does not have FDA approval to accept donors with this condition.</p>
Polymyalgia Rheumatica	Accept if asymptomatic.
Polymyositis	Accept if asymptomatic.
Porphyria Cutanea Tarda	Permanent deferral.
Post-Splenectomy	<ul style="list-style-type: none"> • Accept if removed because of trauma or spontaneous rupture. • If removed for disease, obtain Medical Director approval.
Pott's Disease	See "Tuberculosis"
PPD Test (Purified Protein Derivative)	<ul style="list-style-type: none"> • 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. • 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.
Prader Willi	Acceptable to donate if otherwise healthy and has the ability to consent.
Progressive Multifocal Leukoencephalopathy	Permanent deferral.
Progressive Systemic Sclerosis	Accept if disease is stable.
Prolactinoma	Accept if asymptomatic.
Prostate Disorder	<ul style="list-style-type: none"> • Enlarged prostate without cancer (benign prostatic hypertrophy): accept. <p>NOTE: Verify donor not taking a deferring medication.</p> <ul style="list-style-type: none"> • Prostate cancer: accept if cancer free for at least one year post treatment. • Prostatitis: accept after condition resolved and treatment complete. <p>NOTE: Antibiotic maintenance treatment accept.</p>
Protein C Deficiency	<ul style="list-style-type: none"> • Anticoagulation therapy, if received, must be finished for at least one month. • No anticoagulation therapy: accept.
Protein S Deficiency	<ul style="list-style-type: none"> • Anticoagulation therapy, if received, must be finished for at least one month. • No anticoagulation therapy: accept.
Prothrombin Gene Mutation	<ul style="list-style-type: none"> • Anticoagulation therapy, if received, must be finished for at least one month. • No anticoagulation therapy: accept.
Psoriasis	Accept if no secondary infection, lesions not in area of venipuncture. NOTE: Verify donor not taking a deferring medication.
Psychiatric Problems	• Accept if competent and can understand the process.
Pulmonary Embolism	Accept if condition resolved, donor asymptomatic and at least one month after completion of anticoagulation therapy.
Pulmonary Fibrosis	Accept if asymptomatic and not on supplementary oxygen.

MEDICAL CONDITION	COMMENT
Pyelonephritis	<ul style="list-style-type: none"> • Permanent deferral if chronic renal disease. • Accept if disease resolved and kidney function normal for at least 3 days.
Q Fever	Accept 2 years after confirmed cured.
Raynaud's Disease (Phenomenon)	Accept if asymptomatic at time of donation.
Reflux, Gastro-esophageal	Accept.
Regional Enteritis	Accept if asymptomatic.
Reiter's Syndrome	Accept if asymptomatic.
Relapsing Fever	Obtain Medical Director approval.
Renal Calculi	Accept if asymptomatic.
Renal Failure	See "Kidney Disease"
Respiratory Infection (Viral)	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.
Reticuloendotheliosis (Hairy Cell Leukemia)	Accept if cancer free at least 5 years after treatment.
Rheumatic fever	<ul style="list-style-type: none"> • Asymptomatic, no recurrence: 1 month after end of treatment. • Symptomatic on daily antibiotic therapy: indefinite deferral.
Rheumatic Heart Disease	<ul style="list-style-type: none"> • Defer if symptomatic, activities limited and/or on medication. • Accept if on prophylactic antibiotics only.
Ringworm	Accept if not in antecubital region.
Rocky Mountain Spotted Fever	Accept once antibiotics completed.
Ronnel (Insecticide) Poisoning/ Exposure	Defer for 2 weeks after skin exposure (Agent is an anti-cholinesterase, may alter red cell stability).
Root Canal Surgery	See "Dental Surgery"
Rosacea	Accept as long as not in antecubital area and no secondary infection.
Roseola	Accept if no secondary infection, lesions not in antecubital area.
Rubella (German Measles)	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.
Salmonella	Accept 1 week after completion of treatment.
Sarcoidosis	Accept if well and healthy.
Sarcoma	See "Cancer"
Scabies	Defer until off medication and asymptomatic.
Scarlet Fever	<ul style="list-style-type: none"> • Accept if well and asymptomatic. • If heart disease involved, see "Rheumatic Heart Disease." • If exposed to patient, defer until 2 days after exposure and well.
Scarring	3-month deferral if intentional skin scarring to make a design.
Schizophrenia	Accept if competent and can understand the process.
Scleroderma	Accept if disease is stable.
Seizures	<ul style="list-style-type: none"> • Accept as long as seizure-free in the past month. • If was due to cancer, accept if cancer free for at least one-year post treatment.
Sepsis	Accept one week after condition is resolved and treatment completed.

MEDICAL CONDITION	COMMENT
Severe Acute Respiratory Syndrome (SARS)	<ul style="list-style-type: none"> • Donors with history of SARS, suspected of having SARS, or being treated for SARS: Accept 28 days after symptoms are resolved and treatment is complete. • 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: Accept 14 days after last exposure provided donor is asymptomatic.
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. Do not collect red cell products (whole blood or red cell apheresis).
Sinusitis	Accept after condition is resolved and treatment completed.
Sjogren's Syndrome	Accept.
Skin Infections	<ul style="list-style-type: none"> • Accept mild skin disorders, i.e., acne, psoriasis, poison ivy, without secondary infection. Venipuncture site must be clear. • 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.
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"> • 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): • If asymptomatic – Accept. • 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. • 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.
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"> • Accept if removed because of trauma or spontaneous rupture. • If removed for disease, obtain Medical Director approval. <p>NOTE: A donor who has had a splenectomy is not eligible for platelet donation depending on technology used.</p>
Spondylitis	Accept if no limitation of motion (can sit in donor chairs).
Stein-Leventhal Syndrome	Accept.
Stem Cell Donation	Defer for 8 weeks after procedure.

MEDICAL CONDITION	COMMENT
Stenting (Coronary)	Accept 6 months after procedure if: 1. Donor is asymptomatic. 2. Donor has no limitation of activities.
Stitches	Defer until stitches removed and wound healed.
Strep Throat	Accept after treatment completed and condition is resolved.
Stroke	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.
Surgical Procedures	<ul style="list-style-type: none"> Accept if released from doctor's care, feels well, and full activity has been resumed. Obtain Medical Director approval for pre-op disease process, if necessary. Defer 3 months if transfused. NOTE: Autologous platelet enriched plasma injection treatments – accept.
Syncope	See “Fainting”
Syphilis	Defer for 3 months after treatment completed.
Systemic Lupus Erythematosus (SLE)	Accept if asymptomatic.
Tachycardia	Accept if pulse within criteria on day of donation.
Tattoos	Defer 3 months unless applied in an acceptable state/county/municipality. See list (NY-WI-0003 “Flow Charts for Donor History Questionnaire”)
Tendonitis	Accept if no acute symptoms.
Testosterone	See “Polycythemia”
Thalassemia Major	Permanent deferral.
Thalassemia Trait/Minor	Accept if hemoglobin/hematocrit is within the acceptable range.
Thrombocytosis	If primary (‘Essential’) – Permanent deferral. If secondary – Determine reason and refer to Medical Director for approval.
Thrombophlebitis	<ul style="list-style-type: none"> Superficial: Accept if asymptomatic. Deep vein thrombosis: Accept if condition resolved and at least one month after completion of anticoagulation therapy.
Thrombophilia	<ul style="list-style-type: none"> Permanent deferral if had more than one thromboembolic episode. Anticoagulation therapy, if received, must be finished for at least 4 weeks.
Thyroid Disorders	Hyperthyroidism and Hypothyroidism: Accept once euthyroid (normal thyroid function). NOTE: Thyroid hormone replacement therapy acceptable.
Tick Bite	<ul style="list-style-type: none"> If asymptomatic, defer for 2 weeks following bite, regardless of treatment. 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.
Tinea Versicolor Infection	Accept if venipuncture site is clear.
Tonsillectomy & Adenoidectomy	<ul style="list-style-type: none"> Accept if released from doctor's care, feels well, and full activity has been resumed. Obtain Medical Director approval for pre-op disease process. Defer 3 months if transfused.
Tonsillitis	Accept after condition is resolved and treatment completed.
Tooth Extractions	See “Dental Work”

MEDICAL CONDITION	COMMENT
Tourette Syndrome	Accept if donor safety can be ensured during phlebotomy.
Toxic Shock Syndrome	Accept after condition is resolved and treatment completed.
Toxoplasmosis	Accept 6 months after completion of treatment and donor feels well and healthy.
Transfusion	See "Blood Transfusion"
Transient Ischemic Attacks (T.I.A.)	Accept if: 1. One year after the stroke. 2. The donor is stable. 3. If received anticoagulation therapy, it is complete for at least one month.
Transplant	<ul style="list-style-type: none"> • Defer for 3 months recipients of an allogeneic skin, tissue, or bone fragment transplant. • Defer for 3 months recipients of an organ transplant (i.e., cornea, liver, kidney). • Defer 3 months for bone marrow or hematopoietic stem cell transplant. • Permanent deferral for dura mater (or brain covering) graft. • Permanent deferral for xenotransplantation.
Trichomoniasis	Accept after treatment and asymptomatic.
Trypanosomiasis	Permanent deferral.
Tuberculosis	<ul style="list-style-type: none"> • For active infection - Defer 2 years after diagnosis provided treatment is complete. • Accept, if exposure and on anti-tubercular drugs and had negative chest x-ray. • Accept if had positive skin test and negative chest x-ray.
Tuberculosis Skin Test	<ul style="list-style-type: none"> • 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. • 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.
Turner Syndrome	Accept if well and healthy.
Typhoid Fever (Salmonella)	<ul style="list-style-type: none"> • Accept after condition is resolved and treatment completed. • Medical Director to evaluate if recurrent.
Typhus	Accept after condition is resolved and treatment completed.
Ulcer Disease	Accept if asymptomatic.
Ulcerative Colitis	Accept if asymptomatic and no diarrhea for 3 days.
Undulant Fever (Brucellosis)	<ul style="list-style-type: none"> • Accept if treatment complete and feeling well. • Untreated defer for 90 days.
Urinary Tract Infection	<ul style="list-style-type: none"> • Accept after treatment is completed and condition is resolved. • Accept if on prophylactic antibiotics and asymptomatic.
Urticaria	Defer only if lesions in area of venipuncture.
Uterine Bleeding	<ul style="list-style-type: none"> • If cause unknown – Defer until evaluated by donor's doctor. • If non-malignant and meets donor criteria - Accept.
Vaccinations	See "Immunizations, Vaccinations and Other Miscellaneous Treatments" NY-JA-0318.
Vaginitis	Accept.
Varicella-Zoster Infection (Shingles)	See "Shingles"
Vasectomy	Accept if feeling well and healthy.
Venereal Warts (Human Papilloma Virus)	Accept.
Venereal Disease	See specific disease.

MEDICAL CONDITION	COMMENT
Vertigo	Accept if feeling well and healthy at the time of donation.
Viral Infections	<ul style="list-style-type: none"> • Defer until donor afebrile and free of symptoms. • If exposed to childhood infection or contagious disease, see specific entity.
Vitiligo	Accept if well and healthy.
Von Recklinghausen's Disease	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.
Von Willebrand's Disease	Accept if no episodes of major bleeds and never required treatment.
Warts	Accept If recently removed and no sign of infection.
West Nile Virus (WNV)	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.
Wilm's Tumor	Accept if cancer free for at least one-year post treatment.
Wilson's Disease	Accept if not jaundiced.
Wolff Parkinson White Syndrome	Accept after 6 months if asymptomatic with no limitation of activities.
Xenotransplantation	Non-living biological products or materials from nonhuman animals, such as porcine (pig) or bovine (cow) heart valves or porcine insulin are acceptable.
Yeast Infection	<ul style="list-style-type: none"> • Vaginal – Accept. • Thrush (oral) – Obtain MD approval.
Zika Virus	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.