



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

MAY 01 1996

MEMORANDUM FOR: SECRETARY OF THE ARMY
SECRETARY OF THE NAVY
SECRETARY OF THE AIR FORCE
CHAIRMAN OF THE JOINT CHIEFS OF STAFF

SUBJECT: Revised Policy Regarding Standardization of Infectious Disease Reporting Requirements for Civilian Blood Agencies Collecting Blood on Military Installations, at Military Leased Facilities or Aboard Ships

Reference: ASD(HA) Policy Memorandum of 14 August 1985

Effective May 1, 1996 the above reference is canceled and replaced by the following revised policy.

All civilian blood agencies conducting blood collection operations on military installations, at military leased facilities or aboard ships will comply with the following requirements:

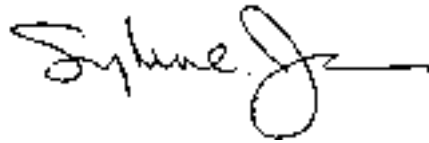
1. All potential blood donors must be provided written information regarding all of the specific tests, including transfusion transmitted disease tests, which will be performed on a sample of their blood to ensure the safest transfusion product. These tests must include all testing required by the Food and Drug Administration at the time of donation. Informed consent should include the following information should any of these tests result in unexpected or abnormal findings.
2. Non-active duty donors (dependents, retirees, and government civilians and contract employees) must be notified by certified mail of all unexpected/abnormal test results to include repeat reactive, confirmed/unconfirmed positive, indeterminate or invalid infectious disease testing results, within seven days after their donation. Donors must be advised to seek medical counseling through the military health care system if they are dependents and retirees and through their personal physician if government civilian or contract employees.
3. For active duty persone
 - a) The local military medical authority, as identified in the Memorandum of Understanding (MOU) b the blood collection agency and the military installation, must be notified of all unexpected/abnormal test results to include repeat reactive, confirmed/unconfirmed positive, indeterminate or invalid infectious disease testing results, within seven days after the active duty member's donation. If the local military medical authority cannot be reached, the Service Blood Program Office identified in the MOU must be notified.

b) The active duty donor must be notified by certified mail of all unexpected/abnormal test results to include any infectious disease testing EXCEPT HIV and/or HTLV, and advised of the availability of medical counseling and follow-up through the military health care system.

c) Civilian blood collection agencies will NOT notify active duty personnel of unexpected/abnormal test results to include repeat reactive, confirmed/unconfirmed positive, indeterminate or invalid infectious disease testing results indicative of the presence of HIV or HTLV. Notification of these test results is the responsibility of the local military medical per subparagraph 3a. The local military medical authority will provide immediate medical and psycho-social counseling and follow-up for any active duty member determined to have any unexpected/abnormal HIV or HTLV test.

Service Blood Programs and local military medical authorities must establish policies and procedures to ensure that upon notification of unexpected/abnormal test results to include repeat reactive, confirmed/unconfirmed positive, indeterminate or invalid infectious disease testing results indicative of the presence of HIV or HTLV, active duty personnel are immediately contacted and provided medical care and psycho-social counseling.

It is essential that military departments disseminate these requirements through both installations and medical channels. Steps must be taken to notify all appropriate commands of these guidelines and to incorporate them into respective military department and, where necessary, unified command blood program regulations.

A handwritten signature in black ink, appearing to read "Stephen C. Joseph", with a long horizontal flourish extending to the right.

Stephen C. Joseph, M.D., M.P.H.

HA POLICY 96-043