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Supplementary Table S1. Donor Questionnaire

Inclusion criteria		**Response**
1.	Aged 18 to 50	
2.	Gender	
3.	Height	
4.	Weight	
5.	Body Mass Index *(< 30)*	

Exclusion criteria		**Response**
Gastrointestinal		
7.	Have you or a direct relative (parents, siblings or children) suffered from colon cancer or polyposis?	□ YES □ NOT
8.	Have you or a direct relative (parents, siblings or children) suffered from intestinal inflammatory disease (Crohn disease or ulcerative colitis?	□ YES □ NOT
9.	Do you regularly have a fever or intestinal disorders, such as diarrhoea, abdominal pain or blood in the stools?	□ YES □ NOT
10.	Do you suffer from celiac disease or other chronic digestive disorders?	□ YES □ NOT
11.	Are you diabetic?	□ YES □ NOT
Neurologic		
12.	Have you taken medications in the last 12 months, or have you been in treatment or in consultation for attention deficit or hyperactivity?	□ YES □ NOT
13.	Have you taken medication in the last 12 months, or have you been in treatment or in consultation for depression?	□ YES □ NOT
14.	In the last 12 months, have you regularly experienced symptoms of depression?	□ YES □ NOT
15.	Have you taken medications in the last 12 months, or have you been in treatment or in consultation for anxiety?	□ YES □ NOT
16.	In the last 12 months, have you regularly experienced symptoms of anxiety?	□ YES □ NOT

17.	Do you have any seasonal, food, animal, medication, latex, dust or other allergies?	□ YES □ NOT
18.	Have you had symptoms of eczema or psoriasis in the last eight weeks?	□ YES □ NOT
19.	Have you taken antibiotics, antifungals, antivirals, or any other drug that can alter the microbiota in the last three months?	□ YES □ NOT
20.	Have you taken medications related to gastric reflux?	□ YES □ NOT
21.	Have you had an asthma attack in the last 12 months?	□ YES □ NOT
22.	Have you had unprotected sex with a new partner in the last three months?	□ YES □ NOT
23.	Have you had a fever, frequent cough, or felt short of breath in the last two weeks?	□ YES □ NOT
24.	Have you gotten a new tattoo in the last six months?	□ YES □ NOT
25.	Have you had a piercing in the last six months?	□ YES □ NOT
26.	Have you been vaccinated with live attenuated virus vaccines in the last six months?	□ YES □ NOT
27.	Have you received an injection or vaccine in the last 8 weeks?	□ YES □ NOT
28.	Does your work or activity as a volunteer involve any contact with any animal or plant tissue, chronic patients, nursing homes or hospital?	□ YES □ NOT
29.	Do you have or have you ever had any type of cancer?	□ YES □ NOT
30.	If you are a woman, is there a chance you are pregnant?	□ YES □ NOT
31.	If you are a woman, Have you had a delivery or a termination of pregnancy in the last 6 months?	□ YES □ NOT
32.	What countries have you visited in the last 12 months?:	
33.	What is your highest degree of education?	
34.	Are you interested in receiving additional information?	□ YES □ NOT
35.	Reason for donating: to fight *C. difficile*, earn money, supporting research, helping patients, other.	

** Patients with affirmative responses to questions number **6, 19, 20, 23, 24, 25, 26, 27, 30, 31 and 32** (depending on the country) are classified as temporarily unrecruitable.*

** Patients with affirmative responses to questions number **7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 21, 22, 28** y **29** are classified as definitively unrecruitable.*

Supplementary Table S2. Interview with the donor

GENERAL CRITERIA		**Response**
1.	Do you suffer, or have you ever suffered from any major illness (including in childhood)?	□ YES □ NOT
2.	Are you being studied for any health problems?	□ YES □ NOT
3.	Have you ever been admitted to a hospital?	□ YES □ NOT
4.	Have you ever had surgery?	□ YES □ NOT
5.	Did you receive breastfeeding in childhood?	□ YES □ NOT
6.	Have you received the vaccines correctly according to the vaccination schedule?	□ YES □ NOT
7.	Do you take any treatment regularly? If yes, please specify:	□ YES □ NOT
8.	Are you allergic to any medication or food?	□ YES □ NOT
9.	Do you drink alcohol regularly?	□ YES □ NOT
10.	Do you smoke? How many cigarettes a day?	□ YES □ NOT
11.	Have you had surgery in the last three months?	□ YES □ NOT
12.	Have you had a gastroscopy or colonoscopy in the last three months?	□ YES □ NOT
13.	Have you had a tattoo or piercing in the last six months?	□ YES □ NOT
14.	Have you been treated with acupuncture or suffered an accidental needle stick in the last six months?	□ YES □ NOT
15.	In the last 12 months, have you had contact with another person's blood?	□ YES □ NOT
16.	Have you changed your sexual partner in the last three months?	□ YES □ NOT
17.	Have you had more than one sexual partner in the last three months?	□ YES □ NOT
18.	Have you had any sexually transmitted infections in the last three months?	□ YES □ NOT
19.	Have you used any illicit drug intravenously, inhaled, snorted or by another route in the last three months?	□ YES □ NOT
20.	If you are a woman, is there any chance you are pregnant?	□ YES □ NOT
21.	If you are a woman, have you had a delivery or a termination of pregnancy in the last six months?	□ YES □ NOT
Digestive criteria		**Response**

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22.	What is the frequency of your bowel movements?	
23.	What is the usual time you pass stools?	
24.	What is the usual consistency of your stools?	
25.	Do you suffer from any digestive disease?	□ YES □ NOT
26.	Are you diabetic?	□ YES □ NOT
27.	Do you suffer from irritable bowel syndrome, chronic functional constipation or chronic functional diarrhoea?	□ YES □ NOT
28.	Do you have celiac disease or any other chronic digestive disorders?	□ YES □ NOT
29.	Have you recently had diarrhoea, bloody stools, abdominal pain, or any other significant digestive symptoms in the last three months?	□ YES □ NOT
30.	Do you have a history or high risk of gastrointestinal cancer or polyposis?	□ YES □ NOT
31.	Has anyone in your family had colon cancer? (parents, siblings or children)	□ YES □ NOT
32.	Is there anyone diagnosed with Chron's disease or ulcerative colitis in your family? (parents, siblings or children)	□ YES □ NOT
33.	Have you undergone major surgery on the digestive system? (excluding appendicectomy) (parents, siblings or children)	□ YES □ NOT
Infectious Diseases Criteria		**Response**
34.	Have you or someone close to you suffered from a COVID-19 infection?	□ YES □ NOT
35.	Have you suffered from malaria, Chagas disease or babesiosis?	□ YES □ NOT
36.	Have you ever had a positive test for HIV?	□ YES □ NOT
37.	Have you ever had HTLV (human T-cell lymphotropic virus type 1 and 2) or tuberculosis?	□ YES □ NOT
38.	Have you had risky sexual relations (i.e. sexual contact with strangers, prostitutes, drug addicts, patients with HIV, patients with viral hepatitis, syphilis or have you worked as a prostitute?	□ YES □ NOT
39.	In the last 12 months, have you had sexual contact with someone who used needles for drugs, steroids or anything else that a doctor did not prescribe?	□ YES □ NOT
40.	In the last 12 months, have you had or been treated for any sexually transmitted disease? (syphilis, gonorrhoea)	□ YES □ NOT
41.	Have you had sexual contact with someone with HIV, hepatitis B or hepatitis C?	□ YES □ NOT
42.	Have you been in contact with another person's blood or been pricked with any Sharp material that could be contaminated with another person's blood or fluids in the last six months?	□ YES □ NOT

43.	In the last 12 months, have you had sexual contact with someone suffering from haemophilia or receiving clotting factor concentrates?	□ YES □ NOT
44.	If you are a female donor, in the last 12 months, have you had sexual contact with a man who has ever had sexual contact with another man?	□ YES □ NOT
45.	If you are a male donor, have you ever had sexual contact with another man?	□ YES □ NOT
46.	Have you had any recent infections by gastrointestinal microorganisms?	□ YES □ NOT
47.	Have you been outside of Spain in the last three years? Discuss your trips and activities with your doctor.	□ YES □ NOT
48.	Have you ever spent more than a month in any country in Latin America, Asia or Africa?	□ YES □ NOT
49.	Have you travelled in the last six months to tropical countries with endemic diarrheal diseases or those with a risk of traveller's diarrhoea?	□ YES □ NOT
50.	Between 1980 and 1996, were you in the UK for more than three months?	□ YES □ NOT
51.	From 1980 to the present, have you received a blood transfusion in the UK or France?	□ YES □ NOT
53.	Have you had contact with someone vaccinated for smallpox in the last eight weeks?	□ YES □ NOT
54.	Have you been vaccinated with live attenuated virus vaccines in the last six months?	□ YES □ NOT
55.	Have you had an injection or vaccine in the last eight weeks?	□ YES □ NOT
Others		**Response**
56.	Do you have cancer, or have you had it in the last ten years?	□ YES □ NOT
57.	Do you suffer from any blood disease or any tendency to bleed?	□ YES □ NOT
58.	Have you received any transfusion of blood or derived products in the last 12 months?	□ YES □ NOT
59.	Have you received a tissue (bone or skin), organ, or bone marrow graft in the last 12 months?	□ YES □ NOT
60.	Have you ever had a dura mater graft or brain sheath graft?	□ YES □ NOT
61.	In the last 16 weeks, have you donated red blood cells through an apheresis machine?	□ YES □ NOT
62.	Do any of your relatives have Creutzfeld-Jakob disease?	□ YES □ NOT
63.	In the last 12 months, have you been in a correctional or correctional facility or arrested for more than 72 hours?	□ YES □ NOT
64.	Are you a health worker or a worker in a hospital or health institution?	□ YES □ NOT
65.	Do you work with animals?	□ YES □ NOT

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66.	Do you have the legal capacity to sign informed consent?	□ YES □ NOT
67.	Have you ever had any heart or liver problems?	□ YES □ NOT
68.	Do you have chronic hepatitis?	□ YES □ NOT
69.	Do you suffer from chronic renal insufficiency?	□ YES □ NOT
70.	Do you suffer from autoimmune diseases affecting the digestive tube?	□ YES □ NOT
71.	Do you suffer from metabolic syndrome?	□ YES □ NOT
72.	Do you suffer from any neurological, neurodegenerative or psychiatric disease?	□ YES □ NOT
73.	Do you suffer from vascular disease?	□ YES □ NOT
Drugs		**Response**
74.	Have you taken antibiotics, antifungals, antivirals, or any other drug that alters the microbiota in the last three months?	□ YES □ NOT
75.	Have you taken proton pump inhibitors in the last three months?	□ YES □ NOT
76.	Have you received immunosuppressive medication or chemotherapy in the last three months?	□ YES □ NOT
77.	Have you received systemic antineoplastic agents in the last three months?	□ YES □ NOT

Supplementary Table S3. Microbiological screening for donors

1. DONOR BLOOD SCREENING		
1.1. GENERAL LABORATORY		
1.1.1.	Hemogram ☐	
1.1.2.	Biochemistry: ☐ Creatinine ☐ Urea ☐ Glucose ☐ Sodium ☐ Potassium ☐ Chloride ☐ Calcium ☐ Magnesium	☐ Phosphorus ☐ Uric acid ☐ Alanine aminotransferase ☐ Aspartate aminotransferase ☐ Alkaline phosphatase ☐ Total bilirubin ☐ Albumin ☐ C-reactive protein
1.1.1.	Lipids: ☐ Triglycerides ☐ Total cholesterol ☐ High-density lipoprotein ☐ Low-density lipoprotein	
1.2. MICROBIOLOGICAL STUDIES		
	Hepatitis A virus:	☐ Immunoglobulin M (IgM) ☐ Immunoglobulin G (IgG)
	Hepatitis B virus:	☐ Serum hepatitis B surface antigen ☐ Antibodies to hepatitis B core antigen (IgG) ☐ Antibodies to hepatitis B core antigen (IgM) ☐ Hepatitis B surface antibody
	Hepatitis C virus:	☐ Hepatitis C immunoglobulin
	Hepatitis E virus:	☐ Ig M

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☐ Ig G
Human immunodeficiency virus: ☐ HIV-1/HIV-2 antibodies/p24 test
SARS-COV-2: ☐ Ig M ☐ Ig G
Syphilis: ☐ Rapid plasma reagin *(If reactive, a FTA-ABS test will be performed)*
Cytomegalovirus: ☐ IgM ☐ IgG
Epstein-Barr virus: ☐ IgM ☐ IgG
2. SCREENING OF DONOR FECES
☐ *Clostridiodes difficile*: Glutamate dehydrogenase (GDH9 testing assay and/or toxin A and B. *(if GDH is positive, a test for toxins A and B or culture will be performed*
☐ *Giardia Lamblia* antigen test
☐ Helicobacter Pylori antigen test
☐ Strongyloides
☐ *Giardia lamblia*
☐ *Salmonella* spp.
☐ *Shigella* spp.
☐ *Campylobacter* spp.
☐ Enteropathogenic *Escherichia coli*
☐ *Yersinia* spp.
☐ *Vibrio cholerae*
☐ *Listeria monocytogenes*
☐ Blastocystis
☐ *Entamoeba histolytica*

☐ *Cryptosporidium*
☐ Norovirus
☐ Adenovirus
☐ Rotavirus
☐ Ova and parasite test
Multidrug-resistant bacteria: ☐ Extended-spectrum beta-lactamase-producing *Enterobacterales* ☐ Carbapenemase-producing *Enterobacterales* ☐ Vancomycin-resistant *Enterococci* ☐ Methicillin-resistant *Staphylococcus aureus*
☐ Fecal occult blood test
☐ Fecal calprotectin
3. **NASOPHARINGEAL SCREENING FOR SARS-CoV2/COVID-19**