Volunteer Blood Donor Consent

PLEASE COMPLETE IN PERMANENT INK

GENERAL INFORMATION ABOUT BLOOD DONATION INFORMATION SHEET

DID YOU KNOW:

Local schools play a major role in our community through blood drives that provide 10 percent of our blood supply. High school students are our dedicated donors of tomorrow and we salute them for their altruistic efforts to support our community in such a significant way. By becoming regular volunteer blood donors, students help to maintain a ready supply of blood to those thousands whose lives depend upon it.

Automated collections allows for the safe collection of selective blood components (red blood cells, plasma and platelets) for use by a patient.

Per the Food and Drug Administration Regulations, the donation eligibility parameters are:

- Red blood cells – intervals be at least 56-days or 8-weeks prior to any subsequent red blood cell collection.
- Platelets – once every 7-days.
- Plasma 4-week intervals
- Double Red Blood Cells 112-day intervals; no manual (whole blood) or automated collection procedure, including plateletpheresis or plasmapheresis, should be performed prior to 16 weeks.
- Maximum platelet collections not to exceed 24 times in any 12-month period.
- Maximum plasma collections not to exceed 12 times in any 12-month period.
- No donor shall undergo more than 6 total red blood cell collection procedures in a 12-month period
- No donor shall undergo more than 3 total double red blood cell collection procedures in a 12-month period.

TO DONATE BLOOD YOU MUST:

1. Picture ID with first and last name required for every donation.
2. Be at least 16 years old.
3. Weigh at least 102 pounds.
4. Never have had hepatitis.
5. Not have received blood or plasma in the past twelve months.
6. Not have been pregnant within the past six weeks.
7. Not have recent history of night sweats, unexplained fever, unexpected weight loss or swollen lymph glands.
8. Be free from cold, sore throat or flu symptoms on the day of donation.
9. Not have had a tattoo in the past 12 months.

Any illness, surgery and medications need to be evaluated by the blood center staff.

WHEN GIVING BLOOD, HERE IS WHAT YOU CAN EXPECT:

To determine if the donor is eligible to donate we will:

- Ask questions about health, travel, and medicines
- Ask questions to see if the donor might be at risk for hepatitis, HIV, or AIDS
- Take the donor's blood pressure, temperature and pulse
- Take a small blood sample to make sure the donor is not anemic

If the donor is able to donate we will:

- Cleanse the arm with an antiseptic. (If allergic to latex, chlorhexidine gluconate or isopropyl alcohol, please tell us!)
- Use a new, sterile, disposable needle to collect the donor's blood

After the donation:

A rest period of refreshments follow, and from there the donor is able to go back to normal activity. Donors who work in certain occupations (e.g., construction workers, operators of heavy machinery or persons working at heights) should be cautioned that dizziness or faintness may occur if they return to work immediately after giving blood.

FACT SHEET ON BLOOD TESTING:

The following tests are performed on a blood sample from each donation:

ABO blood group and Rh type
Antibody screen (Indirect Coombs)
Serological test for syphilis
Hepatitis B surface antigen (HBsAg)
Hepatitis B core antibody (anti-HBc)
Human Immunodeficiency Virus Types 1 and 2 antibody (HIV-1/HIV-2)
Human T-cell Lymphotropic Virus Types I and II antibody (HTLV-I/II)
Hepatitis C virus antibody (HCV)
HIV and Hepatitis C nucleic acid test (NAT)
West Nile Virus nucleic acid test (NAT)
Trypanosoma cruzi antibody (agent that causes Chagas' disease)

Confirmed positive test results must be reported to the County Health Department.

Minor Donor Information:

Last Name

First Name

Middle Initial

Date of Birth (MM/DD/YYYY)

Age

Name of High School (please print)

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PLEASE COMPLETE IN PERMANENT INK

I am the parent or legal guardian of the minor listed on pg. 1 who is 16 or 17 years of age and has my permission to serve as a volunteer (non-paid) blood donor. I have also reviewed the information contained in the General Information About Blood Donation Information Sheet and the Automated Consent. I understand that on rare occasions medical complications may occur by giving blood. These include, but are not limited to: falling, fainting, bruising, swelling or numbness of the arm or an infection. Florida's Blood Centers will contact me if my child is 16 and experiences any severe injury or loss of consciousness. If my child is 17, Florida's Blood Centers will obtain donor consent prior to contacting me. Further, I understand all blood and blood samples, as well as all medical records generated by the blood donation, are the legal property of Florida's Blood Centers. Florida's Blood Centers may use the blood in any way necessary, including transfer to local hospitals and to hospitals in other cities where there is a need. I understand that the blood will be tested for HIV, Hepatitis, West Nile virus, Syphilis, Chagas and other diseases and that if the donor has not yet reached his or her seventeenth birthday, I, as the legal guardian, will be notified of any abnormal test, and may request history or test information on named minor. I also understand that if a test is abnormal, the donor's name may be placed on a confidential registry of donors who will be excluded from future donations. Abnormal test results will be reported to the County Health Department as current state and county law requires.

I further understand this consent remains valid for all subsequent donations to the age of majority unless revoked in written instrument received by Florida's Blood Centers.

Florida's Blood Centers is a tax-exempt, all-volunteer blood center providing blood to hospitals for transfusion support of ill and injured patients.

17 year only: ❑ Verbal Consent given ***Staff Signature/Title/Date*:**_____/_____

By signing, I acknowledge and understand all information presented in this form and consent to it:

BLOOD DONATIONS BY THE NAMED MINOR	BLOOD AND AUTOMATED DONATIONS BY THE NAMED MINOR
Parent or Guardian Name (please print)	Parent or Guardian Name (please print)
Relationship to Donor Emergency Contact Phone#	Relationship to Donor Emergency Contact Phone#
Parent or Guardian Signature Date	Parent or Guardian Signature Date

If 16 years of age, this section required:

I confirm that the consent given based upon the above signature is that of my parent/legal guardian.

I have read and understand all information in this form and agree to parental/guardian test notification.

Donor Signature Date

Automated Donation – Information and Consent

PROCEDURE

A sterile, single-use disposable kit provides a closed, sterile fluid pathway for blood processing. A sterile needle pre-attached to the kit tubing will be inserted into the vein of your arm(s). During the procedure, anticoagulant solution will be mixed with your whole blood collection to prevent clotting. The anticoagulated whole blood will then be separated by centrifugation, the selected blood components will be collected and the remaining anticoagulated blood components returned to you. 0.9% Sodium Chloride (normal saline) solution will be administered to you during double red cell collection procedures and platelet/plasma procedures, if applicable to compensate for volume loss. As indicated by your platelet count, hematocrit and biological parameters (height and weight) a combination of blood components may be collected. You will be told what blood components will be collected today. The collection process is continuous and may take up to 1 ½ - 2 hours to complete. Double red cell procedures may take 30 to 45 minutes to complete.

RISK OF DISCOMFORTS

Adverse effects that you may experience are similar to those experienced during routine blood collection procedures. These include light-headedness, fainting, vomiting, hyperventilation, dizziness and venipuncture infiltration (dislodgment of the needle) causing blood and/or fluid to leak into the surrounding tissue; which may result in bruising and or hematoma formation (swelling and/or pain) at the site. Reactions unique to apheresis collection procedures you may experience include chills (induced by infusion of room temperature saline or blood) and allergic symptoms such as skin redness, itching, hives. Because your arms must remain immobile during the procedure, your arms may become tired. Tingling around the mouth or fingers, unusual taste or smell, muscle discomfort and muscle twitching/spasms may be hypocalcemia reactions that may be experienced due to the infusion of anticoagulant and generally can be relieved by giving you calcium (Tums) tablets and/or temporarily slowing/ halting the procedure. Symptoms of severe hypocalcemia rarely seen in donors include tetany, seizure, cardiac arrhythmia, and death (rare). The tubing sets may be sterilized with ethylene oxide and in rare cases may cause an adverse event. Any discomfort should immediately be reported to the apheresis staff. A malfunction of the instrument or improper operating conditions may cause the procedure to be discontinued early and can result in blood loss, hemolysis, air embolism and blood clotting requiring an eight (8) to sixteen (16) week deferral period. Safety mechanisms are constantly monitoring the fluid flow and checking for air in the donor lines. The chance of a significant amount of air entering your vein is considered extremely remote.

I understand the following:

- I am at liberty to discuss this procedure with the apheresis staff and the Medical Director of Florida's Blood Centers.
- Based upon the selected components collected my platelet count and plasma volume may decrease for 1-2 days and my red cells may decrease for several weeks.
- In the event of unforeseen circumstances requiring medical intervention, I authorize use of therapies that may be necessary.

My signing of this consent form indicates that I have read and understood the information provided and my willingness to be a volunteer automated apheresis donor. I realize that I may withdraw my consent at any time. The procedure has been explained to me and I have been given the opportunity to ask questions.

Donor Name (**PRINT**): _____

Donor Signature: _____ Date: _____

FBC Staff Signature: _____ Date: _____

Affix Bun:_____