



## CONSENT TO DONATE BLOOD PARENT/LEGAL GUARDIAN INFORMATION

Your teenager would like to join a special group of people who help others by giving the “gift of life.” Please know that the blood donation process is a safe procedure using single-use, sterile supplies. **You cannot get AIDS from donating blood.** The safety of both the donor and the patient who receives the blood transfusion is our most important consideration.

Blood Assurance is a non-profit, full service, regional blood center serving 47 health care facilities in 31 counties in Tennessee, Georgia, Alabama and North Carolina. Blood Assurance is licensed by the Tennessee Department of Public Health, the Georgia Department of Human Resources, Alabama Department of Public Health, and the U.S. Food and Drug Administration.

**The donor is asked to understand the following information prior to blood donation:**

- **Eat a good meal and drink plenty of fluids**
- **Bring proper ID to donate (Driver’s License, Birth Certificate, or School record with birth date listed)**
- **Let the Blood Assurance staff know if you have a latex allergy**

I have read and understand the information in “Blood Donor Educational Materials” regarding blood donation. I understand the information provided to me regarding the spread of the AIDS virus (HIV) by blood and blood components. If I am potentially at risk for spreading the virus known to cause AIDS, I agree not to donate blood or blood components for transfusion to another person or for further manufacture or use. I understand testing and typing of my blood/DNA will be performed, including but not limited to tests for HIV, Hepatitis and Syphilis. If this testing indicates that I should no longer donate blood or blood components because of the risk of transmitting an infectious disease, I may be permanently deferred from future donation. Notification of a positive laboratory result(s) will be sent to the donor’s parent/guardian (under 18 years of age) or the donor (over 18 years of age) If required by law, test results will be shared with governmental health agencies. If the results of the testing are not clearly negative or positive, my blood will not be used and I may be deferred from further donation. I understand that Blood Assurance is not responsible for any medical consultations or additional testing that may be necessary as the result of the donor screening and testing process. I have read and understand the risks of blood donation as discussed in the “Blood Donor Educational Materials” and agree to abide by the post-donation instructions. I voluntarily donate my blood to be used for patient treatment or any other need that Blood Assurance sees fit including further manufacture or research, subject to Investigational Review Board approval. I have been given the opportunity to ask questions about blood donation and can withdraw my consent at any time. To the best of my knowledge, I have answered all questions honestly and accurately.

**(Please read “Blood Donor Educational Materials” on the reverse side)**

-----*Cut off and return at time of donation*-----

**Parent/Legal Guardian:** Please complete this section and sign *in ink*. Have your minor/student bring it when he/she donates blood. The donor’s legal name is required. **Do not use abbreviations or nicknames.**

I have read and understand this form and the “*Blood Donor Educational Materials.*” I give permission for \_\_\_\_\_, my son/daughter/ward to donate blood to Blood Assurance. This consent shall remain effective for this donation and all subsequent donations made by my son/donor/ward until he/she is 17 years of age or until I withdraw my consent by sending a written notice to Blood Assurance. I understand that I will be contacted with any positive test results from samples from my son/daughter/ward up until he or she reaches 18 years of age. By signing the following, I consent for my son/daughter/ward to donate whole blood, or double red cells if all requirements are met.

Parent/Guardian (print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Parent/Guardian

Signature \_\_\_\_\_

**Donor confirmation-** I confirm that the signature above is that of my parent/legal guardian.

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

# BLOOD DONOR EDUCATIONAL MATERIALS

## What are the different methods of donating blood?

Blood donors may give either whole blood or, they may donate double red cells or a single red cell and a plasma using a method called apheresis. In whole blood donation, the blood is directly drawn into a bag. In apheresis, the blood is drawn into a machine (the ALYX) that separates blood into components. Some portions of the blood are retained by the machine and the rest is returned to the donor. The blood is mixed with anticoagulant solution to prevent clotting. Some of the anticoagulant solution and/or some salt solution are returned to the donor with the blood.

## How often can donors give blood products?

Whole blood or single red cell – every 56 days (8 weeks)

Double red blood cells (ALYX) – every 112 days (16 weeks). Donors may donate double red cells up to 3 times in a 12-month period (No other blood products such as apheresis platelets or plasma may be donated during this 112 day period)

Plasma – every 28 days. Donors may donate up to 12 times in a 12-month period.

## What should a donor do at the blood center or blood drive before and after the donation?

The donor should:

- Drink water approximately 10-20 minutes prior to donation. After the donation spend 15 minutes in the refreshment area drinking fluids and eating snacks. This reduces the chance of dizziness and fainting.
- The donor is to take the donor educational materials for future reference.
- Ask a blood center employee any questions.
- If the donor does not feel well, then he/she should notify an employee. Donors who feel lightheaded or dizzy should not drive.

## What should a donor do after leaving the blood center or blood drive?

The donor should:

- Not smoke for 30 minutes and avoid alcoholic beverages for 24 hours after donating.
- Avoid strenuous activities such as participating in team sports, lifting, pushing or picking up heavy objects for 4-5 hours after donating.
- Drink plenty of fluids during the next 24 hours to replace lost fluids and make the next meal a hearty one.
- Leave the adhesive bandage around the arm for 1 hour and the band-aid on for 4 hours. If the needle site bleeds, apply firm pressure over the bandage and raise the arm for 5-10 minutes. Apheresis donors should leave the pressure bandage on for 6 hours after donation. If the bandage becomes too tight, the donor may rewrap it.
- Sit down and lower the head or lie down, keeping the head lower than the rest of the body if he/she feels dizzy.
- Call Sue Sholtes at 1-800-962-0628 or 423-756-0966. ext. 129, if dizziness persists, or if any other problems occur after donation.
- Apply ice if a bruised area appears on the arm. The ice should be applied periodically for 10-15 minutes for the first 24 hours following donation. In subsequent days, periodically apply warm moist heat to the area. The area may be discolored for 10 days or more.

## What are the possible adverse effects of blood donation?

The adverse effects that you may experience are similar to those experienced during any routine blood draw. Possible side-effects of donating blood include:

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| • Pain/redness/swelling of the arm                                   | Feeling of warmth/Nausea/Vomiting                   |
| • Hematoma formation/bruising  | Hives/itching                                       |
| • Infection and in rare cases, inflammation of the veins (phlebitis) | Low blood pressure/hyperventilation                 |
| • Vascular injury/muscle or tissue damage/scarring                   | Headache, sweating, chills, fever, fatigue weakness |
| • Anxiety, lightheadedness, dizziness, paleness, fainting            | Shortness of breath/Irregular Heartbeat/Death       |

Apheresis collection procedures increase the risk that you will experience chills due to the infusion of room temperature saline or blood and can be associated with allergic symptoms such as skin redness, itching, and hives. The apheresis tubing sets may be sterilized with ethylene oxide and in rare cases may cause an adverse event such as a severe allergic reaction. The anticoagulant used in apheresis may cause tingling, especially around the mouth or fingers, unusual taste or smell, muscle discomfort and muscle tremor/spasms, convulsions. These symptoms may be relieved by giving you calcium (Tums) tablets and /or temporarily slowly/halting the procedure. Any discomfort should immediately be reported to the staff. Safety mechanisms are constantly monitoring the fluid flow. A malfunction of the instrument can result in blood loss, hemolysis, air embolism and blood clotting. The chance of this is considered extremely remote.

Thank you for allowing your student to “give the gift of life.”

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