

Volunteer Blood Donor Consent

PLEASE COMPLETE IN BLUE OR BLACK PERMANENT INK

I am the parent or legal guardian of the minor listed on page one 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 (FORM-107). I understand that on occasion medical complications may occur at the time of donation and up to several days after donation, and on rare occasions may be long lasting. These include but are not limited to falling, fainting, bruising, swelling or numbness of the arm, and skin or nerve irritation. On rare occasions more serious reactions can occur. Florida's Blood Centers will contact me if my child is 16 or 17 and experiences any severe injury or loss of consciousness at the time of donation. 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 desired, including, but not limited to, transfer to hospitals locally and in other cities. I understand that the blood will be tested for AIDS (HIV), hepatitis, and other transfusion-transmitted 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 excluded from future donation. Abnormal test results will be reported to the County Health Department as current law requires.

I further understand this consent remains valid for all subsequent donations until the age of majority (18th birthday) unless revoked in a written instrument received by Florida's Blood Centers.

Florida's Blood Centers is a 501(c)(3) non-profit, all-volunteer blood center providing blood to hospitals for transfusion support of ill and injured patients since 1942.

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 1/2 - 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: _____

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

