

**Volunteer 16 Year-Old Blood Donor Consent**  
**GENERAL INFORMATION ABOUT BLOOD DONATION**

<b>Did You Know:</b>	<b>When Giving Blood, Here is What You Can Expect:</b>
<p>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 whose lives depend upon it.</p> <p>* <b>Whole blood collection</b> involves removal of one unit of blood (450 to 500 ml plus the addition of up to 50 ml in sample tube collection) using a new single use blood bag collection set that is placed on a digital scale. The scale monitors the amount collected and automatically stops when the programmed collection weight is reached.</p> <p>* <b>Automated collections</b>, performed on apheresis equipment using sterile single use kits, allow for the safe removal of selective blood components (red blood cells, plasma and platelets) for use by a patient.</p> <p>Per the Food and Drug Administration Regulations and FBC Policy, the donation eligibility parameters are as follows:</p> <ul style="list-style-type: none"> <li>• Whole blood – intervals be at least 56-days or 8-weeks prior to any subsequent red blood cell collection.</li> <li>• Platelets – once every 7-days.</li> <li>• Plasma 4-week intervals</li> <li>• 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.</li> <li>• 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.</li> </ul>	<p><i>To determine if the you are eligible to donate we will:</i></p> <ul style="list-style-type: none"> <li>• Ask questions about health, travel, and medications</li> <li>• Ask questions to see if you might be at risk for hepatitis, HIV, or AIDS</li> <li>• Take the your blood pressure, temperature and pulse</li> <li>• Take a small blood sample to make sure the you are not anemic</li> </ul> <p><i>If you are able to donate we will:</i></p> <ul style="list-style-type: none"> <li>• Cleanse your arm with an antiseptic. (If allergic to chlorohexidine gluconate, isopropyl alcohol or iodine, please tell us!)</li> <li>• Use a new, sterile, disposable needle to collect the donor's blood</li> </ul> <p><i>After the donation:</i></p> <p>A rest period of refreshments follows, and from there you are able to go back to normal activity. If you work in certain occupations (e.g., construction workers, operators of heavy machinery or persons working at heights), we want to caution you that dizziness or faintness may occur if you return to work immediately after giving blood.</p>
<p align="center"><b>To Donate Blood You Must:</b></p> <ol style="list-style-type: none"> <li>1. Present picture ID with first and last name, required for every donation.</li> <li>2. Be at least 16 years old.</li> <li>3. Weigh at least 102 pounds.</li> <li>4. Never have had hepatitis.</li> <li>5. Not have received blood or plasma in the past twelve months.</li> <li>6. Not have been pregnant within the past six weeks.</li> <li>7. Not have recent history of night sweats, unexplained fever, unexpected weight loss or swollen lymph glands.</li> <li>8. Be free from cold, sore throat or flu symptoms on the day of donation.</li> </ol> <p>Any illness, surgery and/or medications need to be evaluated by the blood center staff.</p>	<p align="center"><b>Fact Sheet On Blood Testing:</b></p> <p>The following tests are performed on a blood sample from each donation:</p> <ul style="list-style-type: none"> <li>ABO blood group and Rh type</li> <li>Antibody screen</li> <li>Serological test for syphilis</li> <li>Hepatitis B surface antigen (HBsAg)</li> <li>Hepatitis B core antibody (anti-HBc)</li> <li>Human Immunodeficiency Virus Types 1 and 2 antibody (HIV-1/HIV-2)</li> <li>Human T-cell Lymphotropic Virus Types I and II antibody (HTLV-I/II)</li> <li>Hepatitis C virus antibody (HCV)</li> <li>HIV, Hepatitis B and C nucleic acid test (NAT)</li> <li>West Nile Virus nucleic acid test (NAT)</li> <li><i>Trypanosoma cruzi</i> antibody (agent that causes Chagas' disease) – <i>First donation only</i></li> </ul> <p>Confirmed positive test results must be reported to the County Health Department.</p>
<b>Healthy Heroes Program</b>	
<p>If your high school or college participates in this program, additional testing may be performed for markers of cardiovascular risk, diabetes risk, and/or other medical conditions as deemed appropriate by the blood center. Results are available online at <a href="http://www.floridasbloodcenters.org">www.floridasbloodcenters.org</a> within approximately two weeks after donation.</p>	



## Volunteer 16 Year-Old Blood Donor Consent

Your 16 year-old son/daughter has expressed an interest in donating blood (whole blood or red blood cells/ platelets using an automated procedure). We hope that you will support and encourage your son/daughter's decision to donate blood. On behalf of the patients whose lives depend on donated blood, we are grateful for their altruistic efforts to support our community in such a significant way.

### Parental Consent For Blood Donations By Named Minor

I am the parent or legal guardian of the minor listed below who is 16 years of age and has my permission to serve as a volunteer (non-paid) blood donor. I have also reviewed the General Information About Blood Donation on the reverse side of this page. 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 reactions that are more serious can occur. Florida's Blood Centers will contact me if my child 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 parent or 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, my child'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.

If my child's high school participates in the Healthy Heroes Program, remaining blood samples could be tested for markers of cardiovascular risk and diabetes and made available to the blood donor. Test results could also be used for population health research; such research will exclude my son /daughter's identity.

I further understand this consent remains valid for all subsequent donations until the 17th 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.

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

#### PARENT/GUARDIAN OF MINOR BLOOD DONOR MUST COMPLETE THIS SECTION

PLEASE USE INK- DO NOT USE PENCIL

Donor First Name: \_\_\_\_\_ Donor Last Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ High School: \_\_\_\_\_

PARENT FULL NAME (Please Print) *FIRST* \_\_\_\_\_ *LAST* \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to Donor (check one)  Mother  Father  Legal Guardian

My child may donate (check one)  Whole blood or Automation  Whole blood (If none selected we will collect whole blood only.)

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian Signature ---REQUIRED

#### MINOR DONOR ACKNOWLEDGEMENT AND CONSENT OF TEST NOTIFICATION

- 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/legal guardian test notification.

Donor Signature---REQUIRED \_\_\_\_\_

\_\_\_\_\_ Date

