

DONOR NAME: _____

Your 16-year old son/daughter/ward has expressed interest in donating blood (whole blood or double red blood cells/plasma/platelets using automated technology). We hope that you support and encourage your son/daughter/ward's decision to donate blood.

Blood donation is a routine procedure using single use, sterile supplies. Reactions like fainting and bruising can occur but are not common. Blood testing is mandated for a variety of infections including HIV (the AIDS virus), viral hepatitis and others. Positive test results will cause your son/daughter/ward's name to be entered into a confidential list of excluded donors and you will be notified of positive test results with medical significance. Under federal and state laws the Blood Center may have to report certain test results to the health department or another government entity. We do ask donors to read educational materials about the donation process and suitability of individuals to donate and to answer a number of questions that affect whether they are suitable candidates for donation of blood or blood components on a given date. Truthful answers are critical. All information and test results are confidential unless reporting is mandated by law. Remaining blood samples could be tested for markers of cardiovascular risk and/or diabetes and results of such tests could be used for population health research, such research will be conducted in a manner that protects your son/daughter/ward's identity.

Iron is important for making red blood cells and transporting oxygen. Loss of red blood cells through blood donation may deplete the body of iron over time. Frequent blood donors may become low on iron before becoming anemic. Young women are particularly at risk of low iron due to menstrual blood loss. Diet alone may not be adequately replacing your son/daughter/ward's iron especially if they have gastrointestinal issues or do not eat red meat. If you think they may be at risk of low iron, you may want to consult their physician or consider an oral iron supplement. Do not take iron without consulting your doctor if your son/daughter/ward has a history of too much iron in the body.

Apheresis Consent

Have they ever had a splenectomy? No Yes

Donation Types/Intervals

- I hereby volunteer and consent for my son/daughter/ward to serve as a donor for whole blood, platelets (single/double/triple), red blood cells (single/double), plasma or other cells prepared from my blood.
- I understand that the frequency and number of donations varies by procedure.
 - Whole blood donors may donate 6 times per 12 month period, but no more than 1 time in any 56 day period
 - Single/double/triple platelet donors may donate 24 times per 12 month period, but no more than 1 time in any 7 day period.
 - Single red blood cell donors may donate every 56 days, but no more than 6 times in a 12 month period.
 - Double red blood cell donors may donate every 112 days, but no more than 3 times in a 12 month period.
 - Plasma donors may donate every 28 days, but no more than 13 times in a 12 month period.

Apheresis Procedure

- I understand the apheresis procedure involves removing their blood, processing it in a sterile, disposable tubing set, collecting the needed components and returning the remaining blood to son/daughter/ward.
- I understand that the procedure lasts up to approximately 2 hours.

Potential Risks/Hazards

- I understand that they will receive an anticoagulant which prevents their blood from clotting during the course of the procedure. The anticoagulant temporarily reduces the calcium in their blood. This may cause potential problems for apheresis donors that include muscle cramping, numbness, chilliness, hypocalcemia, unusual/unpleasant taste or smell, digit/ facial paresthesia (tingling sensations around the mouth or fingers), twitching, spasms, tremors, hypovolemia (decreased blood volume), feelings of anxiety and chest vibrations or a "heavy feeling" of pressure on the chest and in rare instances cardiac arrest due to lack of calcium ions.
- I consent to calcium replacement being given to my son/daughter/ward in the event that Carter BloodCare deems it necessary.
- I understand that blood donation may have adverse consequences, including but not limited to, pallor, nausea, vomiting, light-headedness, dizziness, fainting, feeling of warmth, fever, headache, hypotension, fluctuations in blood pressure, excessive tiredness, bruising (hematoma), arterial puncture, bleeding after leaving the donation site, nerve injury, infection, blood clot formation (thrombosis), vein inflammation (phlebitis), air embolism, seizure, convulsion, abdominal cramps, temporary loss of bladder/bowel control, urticaria/allergic reaction, flushing, skin redness, itching, hives, difficulty in breathing, chest pain or bronchospasm, which may be life threatening. I understand that there are long term risks of blood donation such as iron depletion.

16-YEAR OLD DONOR PERMISSION FORM

- I understand that after plateletpheresis, their platelet count will be temporarily decreased. Lost platelets will be replaced by their body and their platelet count should be back to a normal level within 1 to 2 days after donation. I understand that their lymphocytes (white cells) may be reduced. The long term effect of the possible reduction of lymphocytes (white cells) is not known. Body stores of iron may be depleted over time in regular apheresis donors who do not have adequate replacement of iron. In addition there may be unknown and unforeseen risks involved in this donation.
- I understand that there is a potential risk of blood loss, hemolysis (cell damage), air embolism or blood clotting with improper device operation. I understand that if it is not possible to return their red blood cells to them or if significant changes in their protein or hemoglobin/hematocrit level occur, they may be ineligible to donate for a period of time or may be indefinitely deferred as an apheresis donor.
- I am willing to accept the potential risks to my son/daughter/ward which are set out above.

Informed Consent

- I have read and understand the informed consent. I understand the whole blood and apheresis procedure, potential risks/hazards and donation intervals. I have had an opportunity to ask any questions and if I had questions they have been answered.
- If you have any questions regarding your son/daughter/ward's decision, please contact the Donor Advocate Department at 817-412-5370 or toll free at 1-877-351-3600.

Form is to be completed using ink.

Permission

I give permission for voluntary donation of blood and/or blood components by my 16 year old son/daughter/ward
_____ birth date _____ to Carter BloodCare.
(Son/Daughter/Ward's Printed Name) (MM/DD/YYYY)

In certain rare instances medical care may be required on an urgent or emergent basis following a donation and I grant permission to have such medically indicated care provided for son/daughter/ward, though I ask that I be contacted as soon as feasible.

Certification

I certify that (i) I have read this Permission form, (ii) son/daughter/ward is 16 years of age, (iii) I have the legal authority to give permission to son/daughter/ward donating blood or blood components, (iv) I know of no reason son/daughter/ward should not be donating blood or blood components at this time and (v) I have asked any questions I have regarding the donation of blood or blood components by son/daughter/ward and all questions have been answered to my satisfaction.

Notification

I understand there are regulations requiring notification in the event a donor tests positive for certain blood borne infections (the "Required Notifications"). Consistent with these such regulations, I request that all positive test results arising from son/daughter/ward's donation (including any and all Required Notifications) be made to me and not son/daughter/ward.

(Signature of Parent/Guardian)

(Date)

(Printed Name of Parent/Guardian)

(Address, City, State and Zip Code)

(Contact Number, Including Area Code)