

General Information about Blood Donations

Volunteer blood donations are a key element to modern medical care. Blood donations unite people from all walks of life and represent an important civic duty. Donating blood involves risks and potential complications as well as the communication of confidential information.

Blood Donor Suitability

The blood bank makes a determination as to the suitability of all blood donors based on a physical examination, donor interview, and disease testing. During the donor interview, sensitive and personal information is obtained from the donor. These questions include questions about the donor's medical condition, health status, travel and sexual history. It is important that questions be answered fully and truthfully.

Adverse Reactions to Donating Blood

While the blood donation process is normally a pleasant experience, it is possible that short-term side effects can occur such as dizziness, skin irritation, bruising, or fainting. Although remote, it is also possible that bruising around the vein, an infection, or nerve damage can develop during or after phlebotomy, which is the process of drawing the blood. On rare occasions, more severe reactions can occur with more serious and long-term complications.

Testing of Donated Blood

Donated blood will undergo testing for viral agents and diseases including but not limited to HIV and hepatitis C. Abnormal test results will be reported to the donor and to the donor's parent or legal guardian, if the donor is under seventeen years of age, consistent with the provision of Florida law. This information is confidential and will not be disclosed to anyone unless specifically authorized by the donor and the donor's parent or legal guardian or required by law. A positive test result for an infectious disease may be reported to the county health department or as otherwise required by law, where exposure to others may be involved.

Confidentiality of Donor Information

The medical and personal information and results of testing will be held by the blood bank in strict confidence and will not be disclosed to anyone unless specifically authorized by the donor and the donor's parent or legal guardian except where authorized by law. For example, for blood donors who are minors, positive disease screening results will be reported to the donor and to the donor's parent or legal guardian, if the donor has not yet reached his or her seventeenth birthday.

Automated Blood Collection Methods

With automated blood collection equipment, the blood center can collect the exact components that patients need, and can collect more of these specific components than can be separated from a unit of whole blood. Blood is collected from a vein in the arm and passed through an Apheresis instrument that separates the blood into its components. While the blood is being collected, a small amount of anticoagulant (citrate) is added to the blood to prevent clotting during the procedure. After the targeted component(s) is/are collected, the remainder of the blood is returned to the donor. The donor may receive saline solution to help replace fluid lost during the automated collection. The body naturally replaces the components that are donated: plasma within several hours, platelets within 24 hours and red cells in about 56 days (112 days for 2-unit Red Blood Cell donation). The amount of white blood cells lost through donation is too small to be significant, although the long term effect of white blood cell depletion remains unclear.

Informed Consent - Blood Donation for Minor

Place Unit Number Here

I authorize the minor named below, who is my son, daughter, or for whom I have legal authority, to provide medical authorization to make a blood donation at the listed blood drive on the specified date.

I have reviewed the information contained in the *General Information about Blood Donations*. I understand the items detailed in this information sheet, including these facts:

- Sensitive and personal information will be obtained from the donor prior to any donation as part of the routine donor screening process. Based on the information provided by the donor, the blood bank will determine the suitability of the donor to donate a safe blood product. I understand that this information will not be provided to me, as the blood bank must ensure donor confidentiality in order to protect the donor's rights, to protect the patient, and to ensure candid disclosure by the donor. Furthermore, I confirm that I am not aware of any reason or circumstance which would make my minor son or daughter an unsuitable blood donor.
- Potential side effects of both whole blood and automated blood collection include fainting, dizziness, nausea, vomiting, bruising or redness in the area of the venipuncture and iron deficiency. More serious reactions may include seizures and, rarely, nerve injury in the area of the venipuncture. Rare complications include: shock; air embolism; blood clotting; severe allergic reactions in people sensitive to latex, rubber, or ethylene oxide; hemolysis (red cell destruction), compartment syndrome (compression of nerves, blood vessels and muscle inside a closed space); Symptoms of severe hypocalcemia include tetany, seizure, cardiac arrhythmia, and death.
- Donated blood will undergo testing for viral agents and diseases including, but not limited to HIV and Hepatitis C. Abnormal test results will be reported to the donor and to the donor's legal parent or guardian, if the donor is under seventeen years of age, consistent with the provisions of Florida law. The medical and personal information and results of testing will be held by the blood bank in strict confidence and will not be disclosed to anyone unless specifically authorized by the donor and the donor's parent or legal guardian, except where authorized by law.

I acknowledge that I have read and understand the information provided in this document, and I authorize the minor listed below to donate blood at the specified blood drive.

Please print IN INK	
Name of Minor: _____	
Date of Birth: <small>(Photo ID may be required to verify date of birth)</small> _____	Age of Donor: _____
Name of Parent / Legal Guardian: _____	
Blood drive location and date: _____	
Parent / Guardian Signature: _____ Date: _____	
Telephone Number for verification (if necessary): _____ Best Time to call: _____	
Initials of FBS staff calling to verify parent / guardian consent: _____ Date: _____	

Donor Confirmation: I confirm that the consent given based on the signature above is that of my parent or other legal guardian.

Donor Signature: _____ Date: _____

FLORIDA BLOOD SERVICES USE ONLY:

NOTE: Seventeen year-old donors may have verbal consent from a parent or legal guardian on the day of donation. FBS staff complete the portion below for verbal consent.

Verbal Consent Obtained by: _____ Verbal Consent Obtained From: _____
Name of FBS Employee Name of person giving consent

Telephone Number Dialed: _____ Time & Date of Call _____