

The Blood Center of Iowa

431 East Locust- Des Moines, Iowa 50309 (515) 288-0276 or 1-800-287-4903

PARENTAL/GUARDIAN PERMISSION FORM

Dear Parent or Guardian:

The Blood Center of Iowa, your community blood center, is pleased that your child is planning to donate blood. More than 1,800 units of blood are needed each week. Donors like your son or daughter will help us meet these needs by sharing their "gift of life." Your minor child (age 16 or 17) must have your written permission to donate blood even if they are donating for their own planned surgical needs (autologous and designated donors may be less than 16 years). Please sign the Parental/Guardian Permission Form below. Foreign exchange "parents" may sign for their student.

You cannot get AIDS from donating! All materials used in the donation procedure, including bags and needles, are new, sterile, and designed for one use only. After each donation, the needle is properly discarded and later incinerated. Your son or daughter will receive post-donation care instructions.

Tests performed do not indicate the presence of alcohol, marijuana, steroids, or other drugs in the blood. Anyone using these drugs should not donate for anyone else. Their blood could harm whoever receives it.

DONOR CONSENT - the following is the wording used in the donor consent signed by the donor at the time of the donation:

I have read and understand The Blood Center's pre-donation information as it applies to the type of donation I am about to make. To my knowledge I have answered all questions truthfully and accurately. I understand the information about the spread of the AIDS virus by blood and blood products. I agree not to donate blood or blood products for transfusion to another person or for further manufacture if I think I am at risk for spreading the AIDS virus. I voluntarily donate my blood to The Blood Center to use in any way it deems advisable. For that purpose I consent to related tests, examinations, and procedures determined appropriate by The Blood Center. I understand that my blood will be screened for HIV (AIDS virus) and other disease markers. If this testing is positive and shows that I should no longer donate blood or blood products because of an abnormality or risk of transmitting a disease, I understand and agree that The Blood Center may tell me that by mail and put my name on a list of permanently deferred donors. If required by law, certain governmental health agencies may be notified. If test results determine this blood donation must be discarded, I will be notified by mail. These results may or may not affect my future status as a donor. There may be unforeseen circumstances when infectious disease testing may not be performed. I understand that trained personnel will insert a needle into my arm to collect my blood. The donation of blood is not completely risk free. I have read and understand these risks as presented in the pre-donation information. I have been given opportunity to ask questions and all the questions I have asked have been answered to my satisfaction.

This consent shall be effective for this donation and all subsequent donations made by my (son) (daughter) (ward) until they are 18 years of age or until I withdraw my consent by sending a written notice to The Blood Center of Iowa, Attn: Director of Collections, 431 East Locust, Des Moines, Iowa 50309.

PERMISSION FORM FOR THE MINOR DONOR: (Pre-donation information sheet on reverse side)

My (son) (daughter) (ward) _____, date of birth _____, a minor, has my consent and permission to make a donation of blood through The Blood Center of Iowa, and for that purpose may sign the required consents, and submit to the tests, examinations, procedures, reporting, and notifications deemed necessary or appropriate in connection with blood donation. Positive test results will be communicated to **BOTH** the minor and their guardian / parent. Such notice will be in written form. I have read the pre-donation information and the consent that the donor is required to sign. I understand that donors are tested for the antibody to HIV (the AIDS virus). This consent shall be effective for this donation and all subsequent donations made by my (son) (daughter) (ward) until they are 18 years of age or until I withdraw my consent by sending a written notice to The Blood Center of Iowa, Attn: Director of Collections, 431 East Locust, Des Moines, Iowa 50309.

PRINT PARENT/GUARDIAN NAME _____ Relationship _____

PARENT/GUARDIAN ADDRESS (STREET) _____ (APT) _____

(CITY) _____ (STATE) _____ (ZIP) _____

SIGNATURE _____ Date _____ Phone _____

PRE-DONATION INFORMATION-BEFORE YOU DONATE BLOOD You will be asked to sign a statement today that says you have read and understand the contents of all pre-donation information. If you have questions please ask your historian. If you are here only to be tested for HIV you should not donate. If you want free testing, call 1-800-342-AIDS (2437) to find a site near you.

- ⇒ Each time you donate you will need to provide an acceptable form of identification during registration. Your name, birthdate, address and phone number will be verified. You will complete a questionnaire about your past and current health and lifestyle. The historian will perform follow-up to your answers and answer any questions you may have. This information is private and confidential. You will be asked many direct and personal questions. Some of these questions refer to sexual activities that put individuals at an increased risk for AIDS. If you do not wish to answer you should tell us now that you prefer to leave.
- ⇒ Your temperature, pulse, and blood pressure will be measured. A drop of blood from your finger will be tested to ensure that you have enough hemoglobin to donate without becoming anemic. Criteria for donor acceptance were established by our medical director, the Food and Drug Administration, and the AABB.
- ⇒ The donation site on your arm will be cleansed with antiseptic. All supplies and the needle are sterile and used only for you. You **cannot** get any infectious disease from donating. You may feel a sting when the needle is inserted. Donating a pint takes about 10 minutes. Your body replaces the plasma (liquid part) over the next several hours. The hemoglobin is replaced in a few weeks.
- ⇒ We ask that you spend about 10 minutes having juice and cookies in our canteen. Most people feel fine during and after donating. A few will feel dizzy or light-headed, nauseated, or develop pain, numbness, tingling, a bruise or a red mark where the needle was inserted. Less common risks are fainting, muscle spasms, or nerve damage.

SHOULD YOU DONATE BLOOD?

DO NOT GIVE BLOOD IF YOU ARE NOT FEELING WELL NOW OR IF YOU:

- ⇒ Are currently taking an antibiotic for an infection.
- ⇒ Have had dental cleaning, fillings, implants, crown preparation, temporary/permanent crown placement, extraction, and/or root canal today.
- ⇒ Have had wisdom tooth extraction or oral surgery in the past three days.
- ⇒ have any symptoms of AIDS not otherwise explained. **Symptoms include:**
 - Unexplained weight loss.
 - Night sweats.
 - Blue or purple spots typical of Kaposi's sarcoma on or under the skin or mucous membranes.
 - Swollen lymph nodes (lumps in your neck, armpits, or groin) lasting over 1 month.
 - Persistent white spots or unusual blemishes in the mouth.
 - Persistent cough or shortness of breath.
 - Temperature greater than 100.5°F for more than 10 days.
 - Persistent diarrhea.

TESTING

Your blood is tested for blood type, Rh factor, unusual antibodies, syphilis, hepatitis, HIV (the AIDS virus), HTLV, West Nile virus and Chagas disease. If any one of the syphilis, hepatitis, HIV, or HTLV tests are positive after repeat testing, your blood will be discarded. There may be circumstances in which testing will not be performed. The Blood Center cannot respond to requests for test results. You will always be notified by mail of positive results. If the HIV tests are positive, The Blood Center will provide appropriate counseling or refer you for medical care. If test results determine that today's blood donation must be discarded, you will be notified by mail. These results could affect your future status as a blood donor. All test results are confidential unless the law requires us to report them to the appropriate authorities. In the case of a minor, test results will be communicated to **BOTH** the minor and their guardian / parent. Such notice may be in written or oral form at the discretion of The Blood Center.

The tests we use are highly accurate, but they aren't perfect. There is a time interval early in HIV infection during which tests for HIV may be negative although an infection may still be transmitted. For that reason you must not donate blood just to be tested for HIV.

IF YOU WANT FREE HIV TESTING, CALL 1-800-342-AIDS (2437) TO FIND A SITE NEAR YOU.