

## Important Reminder

The complete consent form **must** be presented at the time of donation to be accepted.

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### Informed Parent/Guardian Consent Form

Your child has expressed an interest in donating blood. Donating blood is safe, easy and saves lives. Over 200 blood and platelet donations are needed every day, year-round. Donors can help save up to three lives. **It may take approximately one hour to complete a donation.** We hope you will support your child's decision to help those in need within our community.

Donating blood is safe. Sterile single-use supplies are used for the safety of the donor. In about one hour, donors complete a short medical history; receive a mini-physical where temperature, blood pressure and iron level are measured; recline comfortably for less than 15 minutes while donating; and enjoy refreshments before leaving.

Blood donors give one pint of blood that their body quickly replaces. The donation process may occasionally cause dizziness, nausea, fainting, bruising, **possible seizures and infections**, and **very rarely** nerve injury at the needle site. **These reactions are mostly noted after blood donation.**

All blood donations are screened for several blood borne disease markers. Federal and state privacy laws have privacy requirements which govern the release of these results. In accordance with Inova's policy of confidentiality, the test results will be released to the donor only (except as may be required by law) and the donor will be notified of abnormal test results.

In the case of a positive result for infectious disease markers or a medical condition, the donor's name may be placed on a permanent deferral list. This blood will not be used for any patient treatment or care purposes. State laws require that some positive test results be reported to the appropriate health department. There are some circumstances in which infectious disease tests cannot be performed such as clotted specimens, broken tubes, instrument malfunction, and short draw units. The donor will not be informed of these occurrences.

Virginia, Maryland and D.C. laws allow minors at the age of 16 to donate blood with written consent by a parent or guardian. **Inova policy requires parental permission for any student to donate blood at a high school sponsored blood drive, regardless of his or her age.** If you consent to your child's donation, please complete the consent form at the bottom of the next page.

If you have questions regarding your child's decision, please call the Inova Blood Donor Services Donor Advocate at (571) 434-3628.

**Please read below for details on what the blood donation process entails:**

#### Donor Screening

- We will ask your child questions about his or her health and medication use, sexual behavior, travel, and other risk factors for infectious diseases during a private and confidential interview.
- Every donation is tested for HIV (the virus that causes AIDS), hepatitis B and hepatitis C viruses, and other infectious diseases.
- If any test result or response to the questions suggests that your son or daughter is disqualified from donating blood in the future or may have an infectious disease, his or her name will be added to a confidential list of people who have similar test results or risk factors. When required, we report donor information, including test results, to health departments and regulatory agencies.
- The tests are very sensitive and detect most infections. But it is also possible that donors who are not infected will have falsely positive results. We are required to notify and disqualify donors even when subsequent test results indicate that the donor is not infected.
- We will communicate test results that disqualify your son or daughter from future donation directly with your son or daughter. We maintain the confidentiality of information we obtain about a donor and we will release a donor's confidential information to his or her parents only with the donor's consent.

#### Whole Blood Donation

- Each whole blood donation uses a new, sterile needle to collect about a pint of blood from a vein in the donor's arm.
- Most donors feel fine before and after donating blood, but **some may experience lightheadedness or dizziness**; upset stomach; possible bruise, redness, or **pain from the needle site**; fainting or loss of consciousness and injury from related falls; or very rarely, nerve or artery damage. **These reactions are commonly associated after blood donation.**
- Young, first time, and/or low-weight donors are more likely to experience these reactions than other donors
- Blood donation removes iron.

**Apheresis (automated collection procedures, including two-unit (double) red cell collections)**

- Apheresis is a type of blood donation in which we collect specific components of the donor's blood (**platelets, plasma, or red cells**) by **automation**. We place a needle in one or both of the donor's arms and use an FDA approved instrument to draw blood and separate it into different parts. One or several of the blood components are removed while the remainder and extra fluids are returned to the donor.
- Apheresis has the same risks as whole blood donation (see above). In addition, citrate is used during apheresis to prevent blood clotting. Citrate may cause chills, tingling sensations, feelings of anxiety, tremors, muscle cramping, numbness, nausea, vomiting, and/or convulsions. Donors may be given oral calcium supplements during the apheresis procedure to manage these symptoms. Very rarely, donors can experience allergic reactions (for example, skin rashes, hives, localized swelling, and/or flushing), air in the bloodstream, infection, or other complications.
- **Repeated blood donations** may result in iron depletion, anemia, fatigue, or changes in blood cell counts.

**Research**

- We may confidentially and anonymously use the information or leftover blood samples we collect from donors for medical research, such as research on ways to increase the safety of the blood supply.
- By giving your son or daughter permission to donate blood, you are also consenting to the use of the donation and donor information for this type of research.

**Please fill out information and return at the time of donation. (Blue or black ink only)**

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Name of Donor: \_\_\_\_\_

Date of Birth \_\_\_\_\_  
MM/DD/YYYY

Name of Parent/Guardian: \_\_\_\_\_

Blood drive location: \_\_\_\_\_

Blood drive date: \_\_\_\_\_

I verify that I am the Donor's parent/guardian. I have read and understood this entire form and the overall blood donation process.

I understand that there are some risks associated with blood donation, including, but not limited to dizziness, nausea, fainting, seizures, bruising, infections, and possible nerve injury at the needle site.

I understand that Inova Blood Donor Services will notify my child in writing of any abnormal test result(s) for certain blood borne diseases markers. I understand that any positive result for HIV, Syphilis, Hepatitis B and C Antigen, or West Nile Virus will be reported to the Health Department or agency as required by applicable law.

In the event of an emergency, I may be contacted at the following telephone number: \_\_\_\_\_

**Whole Blood or Apheresis (automated collection procedures, including two-unit (double) red cell collections)**

I hereby give permission/consent for my son/daughter or ward, (Please print name) \_\_\_\_\_, to make a voluntary and uncompensated donation of blood to Inova Blood Donor Services.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature must be in black/blue ink)

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