

Siouxland Community Blood Bank

1019 Jones St., Sioux City, Iowa (712) 252-4208 or 1-800-798-4208

Dear Parent or Guardian;

Siouxland Community Blood Bank, your community blood center, is pleased that your child is planning to donate blood. More than 1,000 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) 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 parent consent form. It will be attached to your child's history when he or she donates.

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 donor consent signed by the donor:

I certify that to the best of my knowledge, I have answered all of the questions addressed to me regarding my present and prior illnesses, symptoms and physical conditions, and I do not consider myself to be a person at risk for spreading the virus known as AIDS or any other infectious disease. If I have such a risk, I agree not to donate blood or blood components for transfusion to another person or for further manufacture.

In giving consent to Siouxland Community Blood Bank to draw approximately one pint of blood, I acknowledge that the procedure has been explained to me and that I have had the opportunity to discuss the phlebotomy. I understand the procedures used to collect blood are recognized as safe but that the blood donation is not entirely without risk. Such risks include, but are not limited to, lightheadedness, nausea, fainting, passing out, passing out and fall with injury, soreness or bruising around the vein following the procedure, nerve injury at or near the phlebotomy site, and under rare circumstances a phlebotomy procedure can lead to a need for extended medical treatment.

I understand that all information furnished by me is confidential except when disclosure to certain agencies is required by law. If required by law, the results will be reported to the appropriate health agencies. Regulatory agencies and the manufacturers of donor test may review my records; however, my identification is concealed from such reviewers.

I understand that my blood will be tested for (but not limited to) blood type, antigens, antibodies, including the Antibody to HIV, various infectious agents, and other disease indicators. Some of the tests may be investigational (research tests). If these tests indicate that I should not longer donate blood or other products because of risk of transmitted disease, my name will be entered on a list of permanently deferred donors and my blood will not be used for transfusion. I understand that I will be notified of any test results that are of importance to my health or that affect my eligibility to donate. To better interpret and understand the results of my tests, it may be necessary for me to undergo follow-up testing.

I have had the opportunity to ask questions about this procedure in order to understand what a phlebotomy is and what the risks of phlebotomy are, I have had a chance to refuse to have the phlebotomy performed. I will receive, and agree to abide by, the post donation instruction. I have read the foregoing Consent and agree to the terms set out for being a volunteer donor, and give my consent to have a phlebotomist draw my blood from me today.

.....**Detach and return signed permission form**.....

RELEASE FOR THE MINOR DONOR:

My (son) (daughter) (ward) _____, drivers license# _____, or date of birth (as means of ID), _____ a minor, has my consent and permission to make a donation of blood through Siouxland Community Blood Bank, 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. 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 Siouxland Community Blood Bank. 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 a period of one (1) year unless earlier revoked in writing to Siouxland Community Blood Bank.

PRINT PARENT
NAME _____ Relationship _____

SIGNATURE _____ Date _____

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PRE-DONATION INFORMATION-BEFORE YOU DONATE BLOOD:

You will be asked to sign a statement today that says you have read and understand its contents. If you have questions please ask our staff. 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 register by name and birth date. Your address and phone number will be verified. Our staff will ask you about your past and current health and lifestyle, and answer any question 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 American Association of Blood Banks.

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.