

Informed Consent and Release for Blood Donors Age 16 years

The Parent / Legal Guardian and the 16 year old Donor must sign this form **each** time they donate. Staple the signed form to the Donor Record.

- Your 16 year old child has expressed interest in making a volunteer blood donation. Because one blood donation can be separated into 2 or 3 components, their donation has the potential to save 3 lives! Blood donation is a safe procedure and uses only single use sterile supplies. Reactions like fainting and bruising occur, but are infrequent. More serious reactions and injuries, including brief seizure activity, nerve or artery injury are very rare.
- Blood is tested for a variety of infectious diseases that can be transmitted by transfusion. Positive test results will cause your child's name to be entered into a registry of excluded donors. Per ND Century Code (NDCC), both your child AND you will be notified of positive test results with medical significance and may be contacted for follow-up testing. In addition, from time to time, blood is tested using research tests being developed for blood donor screening. All information and test results are confidential unless State law requires reporting.
- A portion of your child's blood, not needed for transfusion, may be used for research or education. This may include, but is not limited to finding normal ranges for blood contents or educating laboratory students. Neither your child nor you will be reimbursed and may not have access to results of any research using the blood. Research results, age, race and/or gender may be shared with the research sponsor in a coded fashion that does not reveal your child's identity.

Chapter 23 of the North Dakota Century Code indicates that **Protected Health Information** includes Donor information and test results; Blood donors must be advised that HIV (AIDS) and other blood borne infectious disease testing (including research tests) will be performed on a sample of their donated blood; Test results may be disclosed ONLY as authorized by NDCC 23-07 Reportable Diseases. Access the North Dakota Century Code at: <http://www.legis.nd.gov/information/statutes/cent-code.html>

We hope you support and encourage your child's decision to donate blood. He/She is showing civic responsibility, maturity and a sense of community pride by doing so.

USE BLACK INK ONLY (Print First and Last Name)

I am the parent or legal guardian of _____ ("my child"), and verify that he/she is **at least sixteen (16) years of age, at least 5 feet tall, and weighs at least 120 pounds.**

I hereby

- Give my permission and consent for my child to make a voluntary blood donation to the Dak-Minn Blood Bank and Altru Health System for use in such ways as the Dak-Minn Blood Bank and Altru Health System deem advisable.
- I consent to the performance of Hepatitis, HIV (AIDS), and other infectious disease testing (including research tests) required for blood donations.
- I consent to the disclosure of test results to the Department of Health as authorized by law: NDCC 23-07.
- I release and discharge the Dak-Minn Blood Bank and Altru Health System, its officers and agents, physicians, technicians, nurses, and others connected therewith, from all claims or damages whatsoever that I or my representatives have or may have against it or any of them by reason of any cause relative to incident to such blood donation.
- I have received a copy of the "Blood Donor Education Materials" and have read and understand the information in the brochure and on this form.
- I have had an opportunity to ask questions* about matters which I did not understand, and have received satisfactory answers.

Signature - Donor

Date

PRINTED NAME

Signature – Parent / Guardian

Date

PRINTED NAME

*Address any questions about the information presented or the blood donation process to the Staff / Supervisor of the Dak-Minn Blood Bank.

Telephone 701-780-5433





BLOOD DONOR EDUCATION MATERIALS

Telephone: 701-780-5433 (780-LIFE)

www.dakminnbloodbank.org

Making Your Blood Donation Safe

Thank you for coming in today! This information sheet explains how **YOU** can help us make the donation process safe for yourself and patients who might receive your blood. **PLEASE READ THIS INFORMATION BEFORE YOU DONATE!** If you have any questions now or anytime during the screening process, please ask blood center staff.

ACCURACY AND HONESTY ARE ESSENTIAL!

Your **complete honesty** in answering all questions is very important for the safety of patients who receive your blood. **All information you provide is confidential.**

The Donation Process

To determine if you are eligible to donate we will:

- Ask questions about health, travel, and medicines
- Ask questions to see if you might be at risk for hepatitis, HIV, or AIDs
- Take your blood pressure, temperature and pulse
- Take a small blood sample to make sure you are not anemic

If you are able to donate we will:

- Cleanse your arm with an antiseptic.
(If you are allergic to iodine, please tell us!)
- Use a new, sterile, disposable needle to collect your blood.

DONOR ELIGIBILITY - SPECIFIC INFORMATION

Why we ask questions about sexual contact:

Sexual contact may cause contagious diseases like HIV to get into the bloodstream and be spread through transfusions to someone else.

Definition of "sexual contact":

The words "have sexual contact with" and "sex" are used in some of the questions we will ask you, and apply to any of the activities below, whether or not a condom or other protection was used:

1. Vaginal sex (contact between penis and vagina)
2. Oral sex (mouth or tongue on someone's vagina, penis, or anus)
3. Anal sex (contact between penis and anus)

HIV/AIDS RISK BEHAVIORS AND SYMPTOMS

AIDS is caused by HIV. HIV is spread mainly through sexual contact with an infected person OR by sharing needles or syringes used for injecting drugs.

DO NOT DONATE IF YOU:

- **Have AIDS or have ever had a positive HIV test**
- Have ever used needles to take drugs, steroids, or anything not prescribed by your doctor
- Are a male who has had sexual contact with another male, even once, since 1977
- Have ever taken money, drugs or other payment for sex since 1977
- Have had sexual contact in the past 12 months with anyone described above
- Have had syphilis or gonorrhea in the past 12 months
- In the last 12 months have been in juvenile detention, lockup, jail or prison for more than 72 hours
- Have any of the following conditions that can be signs or symptoms of HIV/AIDS:
 - * Unexplained weight loss or night sweats
 - * Blue or purple spots in your mouth or skin
 - * Swollen lymph nodes for more than one month
 - * White spots or unusual sores in your mouth
 - * Cough that won't go away or shortness of breath
 - * Diarrhea that won't go away
 - * Fever of more than 100.5°F for more than 10 days

Remember that you CAN give HIV to someone else through blood transfusions even if you feel well and have a negative HIV test. This is because tests cannot detect infections for a period of time after a person is exposed to HIV. **If you think you may be at risk for HIV/AIDS or want an HIV/AIDS test, please ask for information about other testing facilities.**

PLEASE DO NOT DONATE TO GET AN HIV TEST!

Travel to or Birth in Other Countries

Blood donor tests may not be available for some contagious diseases that are found only in certain countries. If you were born in, have lived in, or visited certain countries, you may not be eligible to donate.

What Happens After Your Donation

To protect patients, your blood is tested for hepatitis B and C, HIV, syphilis, other viruses, and a limited number of bacteria, and parasites. If your blood tests positive, it will not be given to a patient. You will be notified about test results that may disqualify you from donating in the future. **Please do not donate to get tested for HIV, hepatitis, or any other infections!**

*To obtain confidential testing, contact your doctor or call:
Grand Forks Health Dept. 746-2525*

In North Dakota call: 1-800-472-2180 or 701-328-2385

In Minnesota call: 1-800-248-AIDS

(Continued on the back side)

More about Testing

The tests performed to detect infectious disease are very sensitive, but still can not detect all infectious donors. Please DO NOT donate to get a test result or if you feel you are at risk for any infectious disease.

- There may be occasions when testing is not performed (i.e., a full unit is not collected, or the unit is unable to be used for some other reason).
- In some individuals, test results are falsely positive or have no health significance. Often the reason for this is unknown. Additional tests may be performed to provide clear interpretation of results. We may ask you to have an additional blood sample drawn for follow-up testing.
- If any results indicate you may be able to transmit infection or if the results are repeatedly inconsistent or unclear, your blood will not be used. In this case, your name is placed on a confidential Deferred Donors List and you will be notified of the results and told you must not donate blood for someone else to receive. We are happy to discuss the results with you and/or provide them to your designated health care provider with your authorization.
- As required by law, we report positive results to the North Dakota Department of Health (NDCC 23-07-02).

Confidential Ways to Exclude Your Blood

- You may choose to end the donation process any time with no risk to your relationship with Dak-Minn Blood Bank.
- You may disqualify yourself by answering "NO" to the question "Are you feeling well and healthy today?"
- You may indicate that you have participated in activities that are at risk for HIV. You do not need to be specific.
- You may indicate on the Confidential Exclusion Ballot that your blood "MAY NOT BE SAFE" for transfusion.
- You may telephone (780-5433 or 780-5140) as soon as possible, provide us with the unit number of your donation, and request that we discard it.

Donating Blood is Voluntary, Safe, and Easy

- We ask you to provide ID containing your name and one of the following: date of birth, social security number, driver's license or Donor ID number.
- We believe the safest blood supply comes from donors who give freely without compensation. Because there are significant costs involved, patients will encounter charges for blood they receive.
- Donating blood is safe. There is no risk of getting AIDS or other infectious disease from donating. All needles are sterile, used only once and then discarded.
- Giving blood is easy. There are 3 steps: registration, medical interview and donation. The standard donation takes about 10 minutes. You will feel a small pinch as the needle is inserted into the vein in your arm.
- Most people feel fine during and after a blood donation, but a few feel dizzy, light-headed, or nauseous. If this happens, please alert us, our staff will look after you until you are feeling well.

- Occasionally donors notice redness, bruising, or discomfort due to irritation of a nerve during needle placement. If you have any concerns following your donation, please feel free to telephone us and report it.
- After your donation, you will be asked to remain at the donation site for a few minutes. Since most symptoms are related to decreased blood volume, we encourage you to take advantage of the refreshments offered.
- Frequent whole blood donation may result in low iron levels. Taking vitamins with iron may prevent this.

How Your Blood is Used

- Each unit of whole blood can benefit up to 4 patients:
 - * **Red Blood Cells** (42 days) - Medical/Surgical patients
 - * **Plasma** (1 year) - Shock, burn and accident patients
 - * **Platelets** (5 days) - Leukemia and cancer patients
 - * **Cryoprecipitate** (1 year) - Patients with hemophilia
- We provide blood products to Altru Health System and on occasion to other local hospitals. After we meet the needs of local patients, we share blood with other communities through the National Blood Exchange. Blood donations are too precious to waste.
- When parts of your donation are not required for patient use, we may use them for research or education purposes. There may be a charge to the researcher for preparation costs. We also may share research test results with researchers without identifying donors.
- Dak-Minn Blood Bank participates in the evaluation of new tests being developed for screening blood donations. The samples collected with your donation may be included in research for developing tests.
- To determine the significance of a research test result, we may need to contact you for further follow-up testing. We will ask for your permission if additional blood samples are required.
- For inquiries about current research studies, or any other questions, please refer to the contact information listed below.

Privacy Statement: Protecting the privacy and confidentiality of your information is very important to Dak-Minn Blood Bank. We consider all donor information private and it is not given to others, including health care providers, unless we have your written authorization - except as required by law. We encourage you to contact us if you have questions about what information we collect about you, how we use it, how we protect it, and your choices regarding how that information is used.

Donor Center Supervisor: (701) 780-5377

Medical Director: (701) 780-5133