

DONOR INFORMED CONSENT

There are risks from blood donation. These may include, but are not limited to: light-headedness, fainting, nausea and vomiting, seizures, bruising, infection at the site of the needle puncture, nerve and blood vessel injury from the needle stick. If adverse effects occur, I authorize the Blood Center Physician or his/her designee to provide immediate care, if needed, according to his/her professional judgment.

I recognize the importance of providing honest answers to all questions asked during the donor screening procedure and to the best of my knowledge I have answered each one truthfully. I understand that all donor records are confidential.

I understand that my personal contact information will be kept confidential and used by blood center staff, volunteers, or partner organizations obligated under organizational confidentiality and working on behalf of the blood center. I understand that the blood center will use my personal information: email, home address, and phone numbers including cellular telephone numbers to contact me regarding donation follow up, lab results, wellness information, appointments, eligibility for future donation, blood center programs and events.

I have read the Donor Educational Materials and understand that my blood will be tested for the AIDS virus, hepatitis viruses, syphilis, and a number of other infections. I will be notified of results that may be important to my health, and my name will be placed on the center's list of ineligible donors, if applicable. Some of these tests can give false positive results, a positive test in someone who does not have the infection. When this happens, the blood center will explain the results to me. These test results may require a deferral from future donations. As necessary, the blood center will perform additional testing to clarify these test results. The blood center reports certain infections to public health as required by law, but all information in my records is otherwise confidential and cannot be distributed without my permission. I also understand that there may be circumstances in which infectious disease tests are not performed.

There may be some tests and research performed on my donation to advance the field of transfusion medicine. The research will be evaluated by the Blood Center Physician and will not compromise patient care. I can get more information about research tests from the Blood Center Physician. I may be asked to provide further blood samples for follow up testing. My donation may also be used for other laboratory purposes.

Blood donation can contribute to low iron levels. If you are a frequent donor or at increased risk of iron deficiency, taking an iron supplement is highly encouraged following blood donation.

For Apheresis Donors: During apheresis we collect your whole blood and separate it into platelets, red blood cells, and plasma. The needed component(s) is collected, and the rest are returned to you. The blood is mixed with a salt solution to prevent it from clotting. The solution can cause numbness, tingling of the fingers and/or around the mouth, or sensation of muscle vibration. Please inform us if you experience any of these symptoms and we can provide a calcium replacement to lessen these symptoms. If you feel chilled, let us know and we may slow down the reinfusion of the blood and use a blanket or a heating pad to warm you. Apheresis sets are sterilized with ethylene oxide that rarely causes allergic reactions. Risks of donating include chest pain and/or difficulty breathing, which can be symptoms of air embolism. This is a very rare event that occurs when air enters your blood vessels during apheresis. Other very rare events include cardiac or respiratory arrest, or death. Please tell us if you are experiencing any unpleasant symptoms during apheresis.

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Following your donation, you may notice some stiffness in your arm, or you may feel a slight amount of tingling for about one-half hour after you are off the machine. You must leave your bandage on for four hours after donation to allow for proper coagulation at the needle site. If you notice other symptoms or have questions, call us at the numbers listed on your Post Donation Information pamphlet.

I have read the information provided by the blood center and understand the apheresis procedure. I understand that I have the right to ask questions of and discuss the procedure with a physician.

For Directed and Autologous Donors: The blood center does not guarantee that this donation will be given to the intended recipient (either myself or an intended patient for directed) for reasons that include, but are not limited to: laboratory testing failure or positive test results; blood type incompatibility with the recipient; processing delays or the possibility that a transfusion may be needed before the unit can be processed; malfunction of the refrigerator or freezer, a clotted unit, problems during shipment, or ruptured bag. I understand that if the intended recipient does not use my blood donation, it will be discarded.

For Directed Donors Only: I understand that since I was asked to donate to a specific person, the blood center cannot guarantee that information concerning this donation will remain confidential.

For Therapeutic Patient/Donors Only: I understand that if I am a patient requiring frequent phlebotomies due to my diagnosis of Hereditary Hemochromatosis or testosterone therapy, my blood may be used for transfusion if I choose to answer routine donor screening questions. If acceptable, I further understand that my donated blood will be tested for routine viral markers. I also understand that regardless of my eligibility status, I will NOT be charged for the therapeutic phlebotomy procedure.

All my questions have been answered, and I have been informed of the possible side effects. I authorize the blood center to perform apheresis with transfusion of my unneeded blood back to me. I also authorize the attending Blood Center Physician to determine any treatment necessary should I have a reaction during the procedure.

I have read this consent and received satisfactory answers to my questions. I voluntarily consent to donate blood and/or blood products to ImpactLife (blood center) for the uses it determines. My donation is voluntary and I am free to withdraw from this program at any time.

