DONOR INFORMED CONSENT

After reading the consent below and having my questions answered satisfactorily, I voluntarily consent to required health and history screening and to donate blood and/or blood products to ImpactLife for the uses it determines.

I understand that my personal contact information will be kept confidential and used by ImpactLife staff, volunteers, or partner organizations obligated under organizational confidentiality and data privacy policies and working on behalf of ImpactLife. I understand that ImpactLife will use my personal information including and not limited to: 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 donations, ImpactLife programs, donor rewards, donation scheduling, and events. By giving my contact information, I understand that future contact may include traditional direct mail, email, phone call, and text message as well as autodial, auto-text, social media or other digital and online communications.

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 acknowledge the following:

Risks from Blood Donation: There are risks from blood donation, including, but not limited to: light-headedness, fainting, nausea, vomiting, seizures, bruising, infection at the site of the needle puncture, nerve and blood vessel irritation and injury from the needle stick. If an adverse effect occurs, I authorize the ImpactLife Medical Director or his/her designee to provide immediate care, according to his/her professional judgment.

Infectious Disease Testing: I have read the *Blood Donor Educational Material* and understand that my blood will be tested for infectious diseases, including, but not limited to Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV). I will be notified of results that may be important to my health. If the testing results are positive, my name will be placed on ImpactLife's list of ineligible donors, and a donor deferral may be placed for future donations. Furthermore, by state law, certain results must be reported to the local public health department. Otherwise, all my information will remain confidential and cannot be distributed without my permission. Some of these tests can give false positive results, a positive test in someone who does not have the infection. When this happens, ImpactLife will explain the results to me. My donation may also be used for other laboratory purposes. Additionally, testing may be performed to evaluate the quality and safety of my blood product.

For Directed and Autologous Donors: ImpactLife does not guarantee that my donation will be given to the intended recipient 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.

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For Directed Donors Only: I understand that since I was asked to donate to a specific person, ImpactLife 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.

For Apheresis Donors: During apheresis my whole blood is collected and separated into platelets, red blood cells, and plasma. The needed component(s) will be collected while the remainder is returned to me. The blood is mixed with anticoagulant (a salt solution) to prevent clotting. The solution can cause numbness, tingling of the fingers and/or around the mouth, or a sensation of muscle vibration. I understand I should inform ImpactLife staff during the procedure if I experience any of these symptoms and I acknowledge ImpactLife can provide a calcium replacement to lessen these symptoms and/or slow down the reinfusion of the blood and use a blanket or a heating pad to warm me if I feel chilled during the process. 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 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. I agree to tell ImpactLife if I experience any unpleasant symptoms during apheresis.

Following my donation, I may notice some stiffness in my arm or feel a slight amount of tingling for about one-half hour after I am off the machine. I understand I must leave my bandage on for four hours after donation to allow for proper coagulation at the needle site. I acknowledge that donating blood removes iron from my body, which may lower my iron levels and increase my risk of iron deficiency, especially if I am already at risk for low iron or donate frequently. Iron deficiency can occur even if my hemoglobin levels remain normal and may cause symptoms such as fatigue, decreased exercise capacity, and other health effects.

I understand that taking an iron supplement after donating blood is strongly encouraged to help replace the iron lost during donation and to support my recovery. Iron supplementation has been shown to restore iron stores more quickly and reduce the risk of iron deficiency in blood donors than diet alone. If I have questions about iron supplementation or experience any side effects, I will consult with my healthcare provider. If I notice other symptoms or have questions, I understand I can call ImpactLife at the numbers listed on my *Post Donation Instructions*.

I have read the information provided by ImpactLife and understand the apheresis procedure. I understand that I have the right to ask questions of and discuss the procedure with the attending ImpactLife Medical Director or his/her designee.

All my questions have been answered, and I have been informed of the possible side effects. I authorize ImpactLife to perform apheresis with transfusion of my unneeded blood back to me. I also authorize the attending ImpactLife Medical Director or his/her designee to determine any treatment necessary should I have a reaction during the procedure.

Use of Donation for Research: Some tests and research may be performed on my donated blood to help advance medical science and improve the safety, effectiveness, quality of blood products, and treatments. Any research conducted will be reviewed and approved by the ImpactLife Medical Director or his/her designee in advance of testing.

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Future Use and Storage: My donation (including blood, cells, and other biological material), along with related information, may be stored indefinitely and used in future research studies. This may include research that is currently unknown, not yet planned, or not described in detail at the time of my donation.

Data Privacy and De-Identification: Before my samples or health information are shared with outside researchers, my name and any directly identifying information (such as my address, phone number, or other demographics) will be removed. This process, called de-identification, prevents researchers from knowing who I am and will not be able to identify me.

Types of Research: My samples may be used for various kinds of research, including:

- Biomedical, public health, or behavioral research
- Research on diseases or blood disorders
- Development of new tests, treatments, or technologies
- Genetic research, including whole genome sequencing (analyzing all your DNA).

Even though genetic studies may be done, researchers will not have access to my identity or any information that could be linked back to me.

Follow-Up Contact and Additional Samples: I may be contacted in the future to request additional blood samples or health information for follow-up studies. Participation in any additional research is always voluntary.

Commercial Use: Research using my samples may lead to discoveries or products that could be patented and used commercially. I will not receive financial benefits from any such developments.

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

ImpactLife
Changing The World Together