



Dear Parent or Guardian:

Ochsner Blood Bank is pleased that your child is interested in volunteering his or her time and blood to help provide the **gift of life**. Your minor child (age 16) must have parent/guardian written permission to donate blood. Below, you will find information regarding the eligibility of donors, the donation process, how to prepare for blood donation, and the minor risks associated with donation. To give your child permission to donate, please sign the attached consent form and have your child bring the form to his/her donation appointment.

### **Who is eligible to donate?**

- ◆ Donor must be at least 16 years old.
- ◆ Donor must be feeling well and healthy.
- ◆ We recommend that 16 year old donors weigh at least 120 lbs (chance of a minor reaction, such as fainting, is reduced).
- ◆ Donor cannot have had a piercing or tattoo within the last month (if in LA/MS/AL/TX) or in past 12 months (if the tattoo or piercing was obtained in any other state).
- ◆ Travel outside the United States is evaluated for health risks.

### **What is the donation process?**

- ◆ Donors are given a donor questionnaire that includes several basic health and sensitive lifestyle questions required by FDA to protect both the donor and the patients.
- ◆ Staff will review the donor questionnaire and perform a health screening exam where blood pressure, temperature, hemoglobin (red cell count), and pulse will be checked.
- ◆ If the donor passes the health screening, he/she will proceed to a reclining chair for collection.
- ◆ Whole Blood collection is a process where approximately 500 mLs (one pint) of blood will be collected with a single-use, sterile blood collection set taking about 15 minutes.
- ◆ Apheresis (automated collection) is a special process where blood is drawn into a single-use sterile collection kit within a machine that separates and keeps a particular blood component. Then the remainder of the blood is returned with the same needle. This process can take up to 2 hours.
- ◆ After donation, the donor receives a snack and is asked to sit in our refreshment area for 15 minutes.

### **How to prepare for a blood donation?**

- ◆ Eat a full meal before donating.
- ◆ Drink plenty of water before donating – at least 16 oz. (avoid caffeine).
- ◆ Remember to bring a photo ID (school ID, driver's temp license, state ID, passport, etc.)

### **What are the risks to blood donation?**

- ◆ While the blood donation process is normally a pleasant experience, it is possible that short-term side effects can occur, such as dizziness, skin irritation, bruising, or fainting. Although remote, it is also possible that bruising around the vein, an infection, or nerve damage can develop during or after phlebotomy. You will be notified if your son or daughter experiences a significant reaction.

### **What are the risks for Apheresis (Automated) donation?**

- ◆ There is a small possibility of equipment failure that some blood may not be returned. The total amount of blood in the machine at any time is less than the amount collected if donating whole blood.
- ◆ Rarely, complications can occur at the needle site, which may include fluid leaking into the tissue around the needle, bruising, and inflammation. These complications occur in less than 10% of apheresis (automated) blood donations.
- ◆ Temporary tingling in the donor's hands, feet, and face may occur during the procedure caused by the solution used to keep the blood from clotting in the apheresis machine. To treat this tingling, calcium (e.g., Tums) is given orally.
- ◆ The donor may experience chills because the blood cools while being processed in the machine. Blankets are provided, if needed.

***(continued on back)***

- You will be notified if your son or daughter experiences a significant reaction.

## What Testing is Performed on the Blood?

- All donor blood is tested for certain infectious agents (Hepatitis B and C, HIV, Syphilis, HTLV, Chagas Disease, West Nile Virus), as well as testing for blood type (ABO and Rh).
- Any blood testing positive will not be used for transfusion. The donor and the donor's parent or legal guardian will be notified of any test results that are of importance to the donor's health or that affect the donor's eligibility to donate. To better interpret and understand the results of these tests, it may be necessary to contact the donor for follow-up testing.
- All donor records are strictly confidential. Donor records may be reviewed by regulatory agencies and the manufacturers of donor tests; however, donor identification is concealed from such reviewers.
- The donor will be placed on a permanent deferral list for blood donors if a positive test for transfusion-transmitted diseases such as AIDS or hepatitis is obtained. In addition, positive test results for AIDS, hepatitis, syphilis, West Nile Disease, and Chagas Disease are among those which the law requires to be reported to the Louisiana Department of Health.
- 4/18/2018: Ochsner began participating in a research study involving experimental (investigational) Nucleic Acid Amplification Testing (NAT) for Zika virus in blood donors. This test directly detects the genetic material (RNA) of the Zika virus. Ochsner is participating in this research study to understand the effectiveness of new tests to detect Zika virus in donated blood and prevent patient exposure. Some of this research is conducted with other institutions, such as blood bank organizations, academic centers and biomedical companies. Your participation in this research study is entirely voluntary. You will not be paid for your participation in this study. Your participation will not require any additional procedures or time beyond the normal donation process. If you do not want to participate in the research study, please **DO NOT SIGN** the consent. You will not be able to donate.

**Please contact the Ochsner Blood Bank at 504-842-3375 with any questions.**



### Blood Donation Consent for Minors

I authorize my son, daughter, or child for whom I have legal authority to provide medical authorization, to make a blood donation with the Ochsner Blood Bank.

I understand that any abnormal test results will be reported to the donor and to the donor's legal guardian. I understand that I will be contacted at the phone number listed below if the donor experiences a significant reaction requiring treatment. I acknowledge that I have read and understand the information provided in this document, and I authorize the minor listed below to donate blood with the Ochsner Blood Bank.

#### Complete form in Black or Blue ink.

Minor's Name	Minor's Birth Date <i>(MM/DD/YYYY)</i>
Parent/Guardian's Name	Parent/Guardian's Daytime Phone #
Parent/Guardian's Mailing Address	
Parent/Guardian's Signature	Today's Date <i>(MM/DD/YYYY)</i>
<b>Donor Confirmation:</b> I confirm that the consent given based on the signature above is that of my parent or other legal guardian.	
Donor's Signature	Today's Date <i>(MM/DD/YYYY)</i>

4/18/2018