MINOR DONOR CONSENT
Inland Northwest Blood Center
(800) 423-0151 • www.inbcsaves.org

Unit ID Number

WHOLE BLOOD DONATION
Blood is collected from a vein in your arm into a bag specially designed to store blood. Typically, each donated unit is separated into multiple components, most often Red Blood Cells and Plasma. Whole blood donation is the most common way to donate blood. We also use special machines for automated blood collection.

AUTOMATED BLOOD COLLECTION METHODS
With automated blood collection equipment, INBC can collect the exact components that a patient needs, and can collect more of these specific components than can be separated from a unit of whole blood. Similar to whole blood donation, with automated collection, blood is collected from a vein in the arm and passed through an apheresis instrument that separates the blood into its components. While the blood is being collected, a small amount of anticoagulant (citrate) is added to the blood to prevent clotting during the procedure. After the targeted component(s) is/are collected, the remainder of the blood is returned to the donor. The donor may receive saline solution to help replace fluid lost during the automated collection. The body naturally replaces the components that are donated: plasma within several hours, platelets within 24 hours and red cells in about 56 days (112 days for 2-unit Red Blood Cell donation). The amount of white blood cells lost through donation is too small to be significant, although the long term effect of white blood cell depletion remains unclear.

SOME POTENTIAL SIDE EFFECTS
Serious complications following blood donation are rare. However, as in any medical procedure, there are certain risks involved. Potential side effects of both whole blood and automated blood collection include fainting, dizziness, nausea, vomiting, bruising or redness in the area of the venipuncture and iron deficiency. Although rare, serious reactions may include seizures and nerve injury in the area of the venipuncture. While a small proportion of blood donors have adverse reactions (overall reaction rate of 1.43%), donors aged 16 to 22 do experience a higher prevalence of reactions (about 5%). To lessen the likelihood of a reaction, the blood center evaluates eligibility for these donors based on weight and height to determine blood volume. Our staff at INBC is specially trained to respond to donor reactions. We also work to prevent these reactions by having donors drink fluids just before they give. In addition, during automated blood collections some common side effects that are easily resolved are due to the anticoagulant and include numbness and tingling sensations, muscle cramping and chilliness. Other possible complications include fatigue, decreased exercise tolerance for 3-5 days, and very rarely, allergic reaction, shortness of breath, chest pain, decreased blood pressure, hemolysis, and air embolism.

Please be sure that you and your child have read the information provided. ***Your child must bring this signed Minor Donor Consent form in order to donate.***

I have read the information provided about donating blood. I give my permission for my child to donate and for that donation to be tested as explained below. A sample from each blood donation will be typed and tested for hepatitis, syphilis, HIV (AIDS) and HTLV and other infectious agents as required by regulations. There are circumstances in which testing may not be performed (for example, if a donation is not completed). These tests are performed to protect the patients who receive blood. Positive test results are confidential and will only be disclosed as authorized by law, and the donor will be notified. In some cases, blood center staff may need to discuss test results with the donor. It is the donor's decision whether his/her parents are to be included in that discussion.

On the day my child donates, I can be reached at this phone number: _____
Daytime Phone #

Minor Donor: _____ ____ _____ _____
(Please Print) Minor's Legal **Last** Name Jr,I,II) Suffix First Name Middle Name

Donor Date of Birth: _____ School: _____

Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____