NYBC Enterprise-Wide
Parental Consent/Permission to Donate Blood - English
EW-FRM-0015, Rev: 01 Effective: 31 Jul 2023

#### DIN:

## Parental Consent/Permission to Donate Blood

Thank you for supporting the health of your community. Your consent/permission for your child to donate blood is being provided to New York Blood Center, Inc. and its operating divisions, Blood Bank of Delmarva, Community Blood Center of Greater Kansas City, Memorial Blood Centers, Nebraska Community Blood Bank, New York Blood Center, and Rhode Island Blood Center. Please visit your local blood center website for eligibility requirements. Eligibility is determined at the time of donation based on health history and medical screening.

(To be completed by Parent or Legal Guardian. Please print/sign in ink. \* required field.)

*CHILD'S LEGAL NAME:  I attest that my child is at least 16 years old. I have read the information below, including the risks of donation. I give consent/permission for my						
•	nave read the information below, including the risks and to voluntarily donate blood. I understand that my	,				
*PARENT/GUARDIAN PRINTED NAME	*PARENT/GUARDIAN SIGNATURE	*DATE				
PARENT/GUARDIAN EMAIL		ENT/GUARDIAN CELL PHONE				

#### **Reminders:**

- Blood donors should be well hydrated and eat before donating.
- All donors must present identification with the donor's full name and photo. Age verification is required for individuals without a blood donor card or prior donation record available in our system.

#### **Donation Process**

#### To determine if your child is eligible to donate, we will:

- Ask questions about health, travel, sexual activity, and medicines to determine risk for exposure to viruses and other diseases.
- Check your child's blood pressure and temperature.
- Take a small blood sample via a fingerstick to ensure your child is not anemic.

#### If your child is eligible to donate, we will:

- Cleanse the arm with an antiseptic.
- Use new, sterile, disposable needle and set to collect blood.

#### **Possible Donation Complications and Adverse Effects:**

Most donors tolerate giving blood well, but on occasion reactions and complications may occur. On average, a very small number of donors have a reaction or complication when they donate a pint of whole blood or donate blood using our automated technology. Examples of reactions and complications that may occur include anxiety; feeling warm or cold; nausea or vomiting; and dizziness or fainting. Bruising, nerve injury, or infection may also occur at the needle site. Injuries from falls following dizziness or fainting occur on rare occasions. Some of these reactions and complications may occur more frequently with younger donors donating whole blood versus donating blood using automated technology. Donors using automated technology may experience tingling of the fingers and around the mouth that is caused by citrate, a substance used to keep blood from clotting in the machine. Infrequently, muscle spasms can also occur. Very rarely, a donor using automated technology may develop decreased calcium levels (hypocalcemia) or an irregular heartbeat from citrate. Our staff is trained to recognize and manage such reactions.

Donating blood temporarily reduces the body's iron level. In most donors, this has no effect on their health. As many teens have lower iron reserves than adults, it is advised to replace the lost iron through a daily multivitamin with iron or iron supplement of about 18-36 mg for 56 days.

Some products used in blood collection may contain natural latex rubber which may cause allergic reactions.

#### What happens to the donation:

To protect patients, the blood is tested for viruses and certain other infectious diseases. If the blood tests are positive, it will not be given to a patient. Your child will be notified about test results that may disqualify him or her from donating in the future.

From time to time, New York Blood Center, Inc. may offer additional health-related screening tests (such as cholesterol testing) to donors. Your child will be advised of additional testing being offered at the time of donation and will have an opportunity to decline the offer. The results of any additional health related screening tests will be provided. Some of the blood we collect may be used for research studies or investigational test procedures which will be conducted in accordance with guidelines established by NYBC's committee for protection of human subjects. If the results from any study could affect your child's health, we will notify your child.

If your child responds to the optional question regarding racial or ethnic groups, the blood may be tested for the presence of rare blood types. If a rare blood type is identified, we will notify your child by mail.

#### What happens to the test results:

If the blood tests positive for certain viruses, your child may be asked to speak with one of NYBC's medical professionals and may also be asked to return for a follow-up visit and further testing. The names of donors whose blood tests positive are kept in confidential files that can be accessed only by authorized NYBC personnel. New York Blood Center, Inc. will not release positive test results without your written consent unless required by law (e.g., to the Health Department, FDA, or by judicial process).

We will not notify your child if the test results are negative or if sample tubes do not provide enough blood to complete all laboratory tests. NYBC protects the confidentiality of all its donors.

If you have any questions about your child's donation, please call us during normal business hours at 1-800-688-0900.

Thank you for giving your consent/permission to allow your child to donate blood.

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## **Signature Manifest**

Document Number: EW-FRM-0015 Revision: 01

Title: Parental Consent/Permission to Donate Blood - English

Effective Date: 31 Jul 2023

All dates and times are in Eastern Time.

## **EW-SOP-0005** rev 01 Enterprise Processing of Parental Consents

## **Department Approval**

Name/Signature	Title	Date	Meaning/Reason
Lucette Hall (NY-LHALL)		20 Jun 2023, 12:59:30 PM	Approved

## **Quality Approval**

Name/Signature	Title	Date	Meaning/Reason
Kendra Reynolds (IBR-KE1506A)	Dir, Qual and Reg Affairs	20 Jun 2023, 10:03:39 AM	Approved
Betsy Jett (NY-BJETT)	SVP, Quality & Regulatory Affairs	20 Jun 2023, 03:26:42 PM	Approved
Darlene Folan (RI-DFOLAN)	RI-VP QUALITY	21 Jun 2023, 09:06:31 AM	Approved
MaryBeth Parache (NY-MPARACHE)		22 Jun 2023, 06:32:38 AM	Approved
Margaret Hannan (BBD-MMH)	BBD-Director Quality & Regulatory Affairs	29 Jun 2023, 12:12:02 PM	Approved

## **MD** Approval

Name/Signature	Title	Date	Meaning/Reason
Nancy Van Buren (IBR-NA7204A)	) Medical Director	19 Jun 2023, 01:58:03 PM	Approved
Eric Senaldi (NY-ESENALDI)		20 Jun 2023, 08:05:04 AM	Approved
Jed Gorlin (IBR-JE0677A)	VP, Medical, Reg Affairs	20 Jun 2023, 08:49:44 AM	Approved
Patricia Shi (NY-PSHI)		21 Jun 2023, 03:40:37 PM	Approved
Bruce Sachais (NY-BSACHAIS)		27 Jun 2023, 06:12:21 AM	Approved
Alexandra Jimenez (NY- AJIMENEZ2)		05 Jul 2023, 09:43:20 PM	Approved