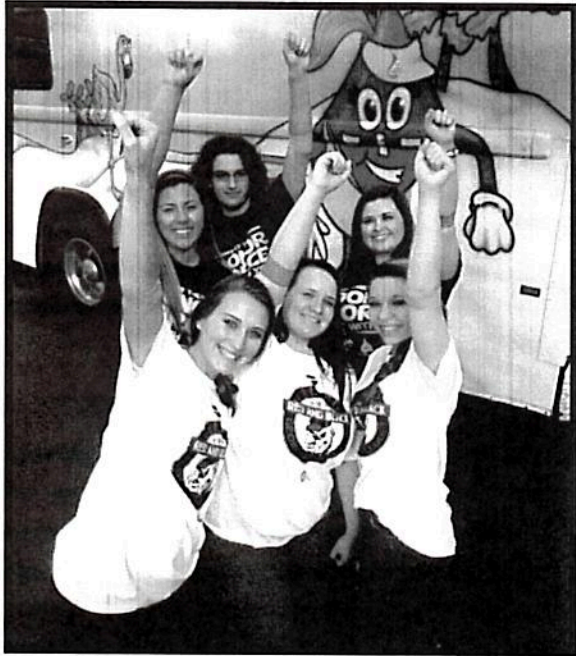




# YOUR STUDENT WANTS TO SAVE LIVES!

YOUR STUDENT WANTS TO HELP SAVE LIVES IN YOUR COMMUNITY BY DONATING BLOOD! PATIENTS IN YOUR COMMUNITY ARE IN NEED OF LIFE-SAVING BLOOD EVERY DAY AND YOUR STUDENT'S DONATION CAN HELP!



## ABOUT US

BLOOD ASSURANCE IS A NON-PROFIT, FULL SERVICE, REGIONAL BLOOD CENTER SERVING LOCAL HEALTHCARE FACILITIES IN TENNESSEE, VIRGINIA, GEORGIA, ALABAMA, AND NORTH CAROLINA.

## OUR MISSION

TO PROVIDE A SAFE AND ADEQUATE SUPPLY OF BLOOD AND BLOOD COMPONENTS IN A COST EFFECTIVE MANNER TO EVERY AREA PATIENT IN NEED.

## HOW TO HELP YOUR STUDENT

- READ THE BLOOD DONOR EDUCATIONAL MATERIALS AND CONSENT TO DONATE BLOOD SECTIONS ON THE REVERSE SIDE WITH YOUR STUDENT.
- BE SURE TO SIGN THE PARENTAL CONSENT SLIP IN INK.
- MAKE SURE YOUR STUDENT EATS A GOOD MEAL, DRINKS PLENTY OF FLUIDS, AND BRINGS PROPER ID.  
(DRIVER'S LICENSE, BIRTH CERTIFICATE, OR SCHOOL RECORD WITH BIRTH DATE WILL BE ACCEPTED)

For more information, call 800-962-0628  
or visit [www.bloodassurance.org](http://www.bloodassurance.org)

## PARENTAL CONSENT SLIP

**Parent/Legal Guardian:** Please complete this section and sign in ink. Have your minor/student bring it when he/she donates blood. The donor's legal name is required. Do not use abbreviations or nicknames.

I have read and understand this form and the "Blood Donor Educational Materials." I give permission for my son/daughter/ward to donate until he/she is 18 years of age or until I withdraw my consent by sending a written notice to Blood Assurance. I understand that I will be contacted with any positive test results from samples from my son/daughter/ward up until he/she reaches 18 years of age. By signing the following, I consent for my son/daughter/ward to donate whole blood, apheresis platelets/plasma or double red cells if all requirements are met.

The parent/guardian must complete IN INK:

Parent/Guardian (signature) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Print): \_\_\_\_\_ Parent/Guardian Phone #: \_\_\_\_\_

Son/Daughter/Ward's Legal Name (Print) \_\_\_\_\_ DOB \_\_\_\_\_



# BLOOD DONOR EDUCATION MATERIALS

## **What are the different methods of donating blood?**

Blood donors may give either whole blood or, they may donate double red cells or a single red cell and a plasma using a method called apheresis. In whole blood donation, the blood is directly drawn into a bag. In apheresis, the blood is drawn into a machine (the ALYX) that separates blood into components. Some portions of the blood are retained by the machine and the rest is returned to the donor. The blood is mixed with anticoagulant solutions to prevent clotting. Some of the anticoagulant solution and/or some salt solution are returned to the donor with the blood.

## **How often can donors give blood products?**

- Whole blood or single red cell = every 56 days (8 weeks)
- Double red blood cells (ALYX) = every 112 days (16 weeks). Donors may donate double red cells up to 3 times in a 12-month period. (No other blood products such as apheresis platelets or plasma may be donated during this 112 day period.)
- Plasma = every 28 days. Donors may donate up to 12 times in a 12-month period.

## **What should a donor do at the blood center or blood drive before and after the donation?**

- Drink water approximately 10-20 minutes prior to donation. After the donation, spend 15 minutes in the refreshment area drinking fluids and eating snacks. This reduces the chance of dizziness and fainting.
- The donor is to take the donor education materials for future reference. Ask a Blood Assurance staff member if there are any questions.
- If the donor does not feel well, then he/she should notify an employee. Donors who feel lightheaded or dizzy should not drive.

## **What should a donor do after leaving the blood center or blood drive?**

- Do not smoke for 30 minutes and avoid alcoholic beverages for 24 hours after donating.
- Avoid strenuous activities such as playing sports, lifting, pushing or picking up heavy objects for 4-5 hours after donating.
- Drink plenty of fluids during the next 24 hours to replace lost fluids and make the next meal a hardy one.
- Leave the adhesive bandage around the arm for 1 hour and the band-aid on for 4 hours. If the needle site bleeds, apply firm pressure over the bandage and raise the arm for 5-10 minutes. Apheresis donors should leave the pressure bandage on for 6 hours after donation. If the bandage becomes too tight, the donor may rewrap it.
- Sit down and lower the head or lie down, keeping the head lower than the rest of the body if he/she feels dizzy.
- Call Sue Sholtes at 800.962.0628 or 423.756.0966 ext. 129 if dizziness persists or there are any other problems after donation.
- Apply ice if a bruised area appears on the arm. The ice should be applied periodically for 10-15 minutes for the first 24 hours following donation. In subsequent days, periodically apply warm moist heat to the area. The area may be discolored for 10 days or more.

## **What are possible adverse effects of blood donations?**

The adverse effects that you may experience are similar to those experienced during any routine blood draw. Possible side-effects of donating blood include:

- Pain/redness/swelling of the arm
- Hematoma formation/bruising
- Infection and in rare cases, inflammation of the veins (phlebitis)
- Vascular injury/muscle or tissue damage (RARE)
- Scarring
- Hives/itching (if allergic to antiseptic)
- Feeling of warmth/nausea/vomiting/hives/itching, headache, sweating, chills, fever, fatigue, weakness
- Low blood pressure/hyperventilation
- Shortness of breath/irregular heartbeat/death (RARE)
- Anxiety, lightheadedness, dizziness, paleness, fainting

Apheresis collection procedures increase the risk that you will experience chills due to the infusion of room temperature saline or blood and can be associated with allergic symptoms such as skin redness, itching, and hives. The apheresis tubing sets may be sterilized with ethylene oxide and in rare cases may cause an adverse event such as severe allergic reaction. The anticoagulant used in apheresis may cause tingling, especially around the mouth or fingers, unusual taste or smell, muscle discomfort and muscle tremor/spasms, convulsions. These symptoms may be relieved by giving you Tums tablets and/or slowing/halting the procedure. Any discomfort should immediately be reported to the staff. Safety mechanisms are constantly monitoring the fluid flow. A malfunction of the instrument can result in blood loss, hemolysis, air embolism and blood clotting. The chance of this is considered extremely remote.

## CONSENT TO DONATE BLOOD PARENT/LEGAL GUARDIAN INFORMATION

**Your student will sign the following consent prior to donating:**

**I agree to answer all questions honestly and accurately and will not donate if my blood could result in a risk to others. In addition, I:**

- Have read and agree with the information in "Blood Donor Educational Materials" and "Learn More About Low Iron"
- Will follow the post-donation instructions because blood donation is not risk free (fatigue/decreased exercise capacity may occur)
- Understand that Blood Assurance is not responsible for medical consultation resulting from donor screening, donation or testing
- Agree to HIV, hepatitis, syphilis and other infectious disease testing; results will be shared with public health officials if required
- Understand that I may be deferred and, if so, will be notified of the reason and length of time of the deferral
- Agree that in some circumstances testing cannot be performed (for example, not enough sample) and my unit will be discarded
- Agree that my sample may be selected for sickle hemoglobin testing, extensive blood typing (possibly by DNA) and white blood cell antibody testing
- Recognize that blood donor records including mine are subject to inspection by FDA and other regulatory agencies
- The results of my testing will be:
- Shared with me if positive or inconclusive if I am 18 years or older and with my parent/guardian if I am below age 18
- Used to determine if it is safe for me to make future donations or if I should be permanently deferred

**I voluntarily donate my blood for purposes that Blood Assurance determines appropriate including but not limited to patient treatment, manufacture of life-saving medications and materials used in lab tests, and research. I can ask questions about whole blood and apheresis donation and withdraw my consent at any time.**