



Dear Parent or Guardian:

The 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**. We are requesting that your child obtain written parental consent prior to donating blood (*16 year old donors 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/school drive coordinator.

### **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 the 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.
- ◆ 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.

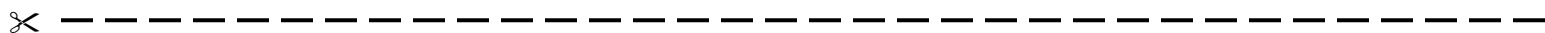
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### What Testing is Performed on the Blood?

- ◆ 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.

**PLEASE CONTACT THE OCHSNER BLOOD BANK @ 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 (MM/DD/YYYY)
Parent/Guardian’s Name	Parent/Guardian’s Daytime Phone #
Parent/Guardian’s Mailing Address	
Parent/Guardian’s Signature	Today’s Date (MM/DD/YYYY)
<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 (MM/DD/YYYY)