MAYO CLINIC

Blood Donation Consent for Minors

Division of Transfusion Medicine
Rochester, Minnesota 55905

Donor ID	
Donor Name	
Birth Date	

This forms collects information that is not part of the medical record. **For local storage only.**

Dear Parent or Guardian:

Mayo Clinic Blood Donor Center is pleased that your child is interested in volunteering his or her time and blood to help provide the "gift of life" to patients in need. 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 and date 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.
- Donor must weigh at least 110 lbs. We recommend that 16 year old donors weigh at least 130 lbs. (Decrease chances of minor reactions such as fainting.)
- Donor can have had a new piercing or tattoo within the last 12 months if performed at a licensed tattoo parlor in Minnesota, Wisconsin or Iowa.
- 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 method where 500 mL (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 method 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 taking up to 110 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 appointment.
- Drink plenty of water before donating (avoid caffeine).

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.
- Additional risk for Apheresis (Automated) collections:
  - 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.

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- 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.

Please contact the Mayo Clinic Donor Center at 284-4475 with any further questions or check out our Web site at http://www.mayoclinic.org/donate-blood-rst./

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 at the Mayo Clinic Blood Donor Center.

Below is text from the consent that your son or daughter will be asked to sign prior to donating.

> *"In the event of a severe donor reaction, you may have an additional needle stick to administer saline solution for hydration by a registered nurse.*
>
> *My blood donation will be tested for various infectious agents and other conditions. Any blood testing positive will not be used for transfusion. I will be notified of any test results that are of importance to my health or that affect my eligibility to donate. To better interpret and understand the results of these tests, it may be necessary to contact me 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. I acknowledge that I have been provided a copy of the Mayo Clinic Notice of Privacy Practices document.*
>
> *I understand that I will be placed on a permanent deferral list for blood donors if I test positive for transfusion transmitted diseases such as AIDS or hepatitis or have another condition that makes my donation unusable as determined by Mayo Clinic. In addition, positive test results for AIDS, hepatitis, syphilis and Chagas' disease are among those which the law requires to be reported to the Minnesota Department of Health and may be placed in my Mayo Clinic medical record."*

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 were to have 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 at the Mayo Clinic Blood Donor Center.

Complete form in Black or Blue ink.

Minor Name		Birth Date *(Month DD, YYYY)*
Parent/Guardian Name	Parent/Guardian Daytime Phone Number	
Parent/Guardian Signature		Date *(Month DD, YYYY)*
Donor Confirmation I confirm that the consent given based on the signature above is that of my parent or other legal guardian.		
Donor Signature		Date *(Month DD, YYYY)*