Blood Donation Information Sheet

Volunteer blood donations are a key element to modern medical care. Blood donations unite people from all walks of life and represent an important civic duty. They are a vital part of therapy for trauma, cancer, surgeries, and other conditions. Healthy blood donors, as the only source of this lifesaving service, perform an irreplaceable act of care for friends, family, acquaintances and strangers requiring transfusion.

Donating blood involves risks and potential complications as well as the communication of confidential information.

Blood Donor Suitability

The Southeastern Community Blood Center (SCBC) makes a determination as to the suitability of all blood donors based on a physical examination, donor interview, and disease testing. During the donor interview, sensitive and personal information is obtained from the donor. These questions include questions about the donor's medical condition, health status, and exposure to infectious diseases. It is important that questions be answered fully and truthfully.

Adverse Reactions to Donating Blood

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, which is the process of drawing the blood. On rare occasions, more severe reactions can occur with more serious and long-term complications.

Testing of Donated Blood

Donated blood will undergo testing for viral agents and diseases including, but not limited to, HIV and hepatitis C. Abnormal test results will be reported to the donor. This information is confidential and will not be disclosed to anyone unless specifically authorized by the donor or required by law. A positive test result for an infectious disease may be reported to the state health department or as otherwise required by law, where exposure to others may be involved.

Confidentiality of Donor Information

The medical and personal information and results of testing will be held by SCBC in strict confidence and will not be disclosed to anyone without the donor's consent, unless otherwise required by law. For example, for blood donors who are minors, positive disease screening results will be reported to the donor and to the donor's parent or legal guardian.

TALLAHASSEE, FLORIDA 32308

Donor Signature:__

Bar code

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Informed Consent - Blood Donation by Minor

Name of Minor:		Age of Minor:	
Name of Parent/Guardian:		Phone #:	
Mailing address of Parent/Guardian:			
Blood drive date: Blood drive lo		ocation:	
I authorize the minor listed above, who is my son, daughter, or someone for whom I am legally authorized to provide medical authorization, to provide a blood donation at the listed blood drive location on the listed date.			
I have reviewed the information contained in the <i>Blood Donation Information Sheet</i> (over) I understand the items detailed in this information sheet, including these facts:			
• Sensitive and personal information will be obtained from the donor prior to any donation as part of the routine donor screening process. Based on the information provided by the donor, SCBC will determine the suitability of the donor to donate a safe blood product. I understand that this information will not be provided to me, as SCBC must ensure donor confidentiality in order to protect the donor's rights, to protect the patient, and to ensure candid disclosure by the donor. Furthermore, I confirm that I am not aware of any reason or circumstance which would make my minor son or daughter an unsuitable blood donor.			
• 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. On rare occasions, more severe reactions can occur with more serious and long-term complications.			
• Donated blood will undergo testing for viral agents and diseases including, but not limited to, HIV and hepatitis C. Abnormal test results will be reported to the donor and to the donor's legal guardian. This information is confidential and will not be disclosed to anyone unless specifically authorized by the donor and the donor's legal guardian.			
• The medical and personal information and results of testing will be held by SCBC in strict confidence and will not be disclosed to anyone without the donor's consent and consent of the donor's legal guardian, except where authorized by law.			
I acknowledge that I have read and understand the information provided in this document, and I authorize the minor listed above to donate blood at the listed blood drive.			
	ent/Guardian Signature: Date:		
Donor Confirmation			
I confirm that the consent given based on the signature above is that of my parent or other legal guardian.			

Date: