

## Informed Consent and Release for Blood Donors **Age 16 years**

*The Parent / Legal Guardian and the 16 year old Donor must sign this form **each** time they donate. Staple the signed form to the Donor Record.*

- Your 16 year old child has expressed interest in making a volunteer blood donation. Because one blood donation can be separated into 2 or 3 components, their donation has the potential to save 3 lives! Blood donation is a safe procedure and uses only single use sterile supplies. Reactions like fainting and bruising occur, but are infrequent. More serious reactions and injuries, including brief seizure activity, nerve or artery injury are very rare.
- Blood is tested for a variety of infectious diseases that can be transmitted by transfusion. Positive test results will cause your child's name to be entered into a registry of excluded donors. Per ND Century Code (NDCC), both your child AND you will be notified of positive test results with medical significance and may be contacted for follow-up testing. In addition, from time to time, blood is tested using research tests being developed for blood donor screening. All information and test results are confidential unless State law requires reporting.
- A portion of your child's blood, not needed for transfusion, may be used for research or education. This may include, but is not limited to finding normal ranges for blood contents or educating laboratory students. Neither your child nor you will be reimbursed and may not have access to results of any research using the blood. Research results, age, race and/or gender may be shared with the research sponsor in a coded fashion that does not reveal your child's identity.

**Chapter 23 of the North Dakota Century Code** indicates that **Protected Health Information** includes Donor information and test results; Blood donors must be advised that HIV (AIDS) and other blood borne infectious disease testing (including research tests) will be performed on a sample of their donated blood; Test results may be disclosed ONLY as authorized by NDCC 23-07 Reportable Diseases. Access the North Dakota Century Code at: <http://www.legis.nd.gov/information/statutes/cent-code.html>

We hope you support and encourage your child's decision to donate blood. He/She is showing civic responsibility, maturity and a sense of community pride by doing so.

**USE BLACK INK ONLY**

**(Print First and Last Name)**

I am the parent or legal guardian of \_\_\_\_\_ (“my child”), and verify that he/she is **at least sixteen (16) years of age, at least 5 feet tall, and weighs at least 120 pounds.**

### **I hereby**

- ♦ Give my permission and consent for my child to make a voluntary blood donation to the Dak-Minn Blood Bank and Altru Health System for use in such ways as the Dak-Minn Blood Bank and Altru Health System deem advisable.
- ♦ I consent to the performance of Hepatitis, HIV (AIDS), and other infectious disease testing (including research tests) required for blood donations.
- ♦ I consent to the disclosure of test results to the Department of Health as authorized by law: NDCC 23-07.
- ♦ I release and discharge the Dak-Minn Blood Bank and Altru Health System, its officers and agents, physicians, technicians, nurses, and others connected therewith, from all claims or damages whatsoever that I or my representatives have or may have against it or any of them by reason of any cause relative to incident to such blood donation.
- ♦ I have received a copy of the “Blood Donor Education Materials” and have read and understand the information in the brochure and on this form.
- ♦ I have had an opportunity to ask questions\* about matters which I did not understand, and have received satisfactory answers.

Signature - Donor

Date

PRINTED NAME

Signature – Parent / Guardian

Date

PRINTED NAME

\*Address any questions about the information presented or the blood donation process to the Staff / Supervisor of the Dak-Minn Blood Bank.

**Telephone 701-780-5433**

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