



Blood Donation Consent for Minors

**Division of Transfusion Medicine
Rochester, MN**

Form content not retained in medical record. **For local storage only.**

Complete form in black or blue ink.

Donor ID	Donor Name <i>(First, Middle, Last)</i>	Donor Birth Date <i>(mm-dd-yyyy)</i>
----------	---	--------------------------------------

Dear Parent or Guardian:

Mayo Clinic Blood Donor Center is pleased that your child is interested in volunteering 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, sign and date the attached consent form and have your child bring the form to the donation appointment.

Who is eligible to donate?

A person who:

- Is at least 16 years old.
- Feels well and healthy.
- Weighs at least 110 pounds. We recommend that 16 year-old donors weigh at least 130 pounds (decreases chances of minor reactions, such as fainting).
- Had a new piercing or tattoo within the last 3 months performed by a state-regulated facility or entity.
- Traveled outside the United States and was evaluated for and found to be free of 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 receiving the blood.
- 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, the donor 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.
- 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.

Contact the Mayo Clinic Donor Center at 507-284-4475 with any further questions or check out our website at <http://www.mayoclinic.org/donate-blood-rst/>

Blood Donation Consent for Minors (continued)

I authorize my 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 child will be asked to sign prior to donating.

I am voluntarily donating my blood for patient use and other purposes as deemed appropriate.

I have read the *Blood Donor Educational Material* that was provided.

If I know of any factor that may cause my donation to adversely affect the safety or purity of my blood, such as being at risk of spreading the AIDS or hepatitis virus, I agree not to donate blood or blood products.

I have been informed of and understand the risks associated with blood donation.

If I am donating blood by automated collection (apheresis), I have read the *Information for Apheresis Donors* sheet (MC0897-04) and I understand the risks associated with apheresis.

I understand you will contact me for future blood donations. I understand if I am not available, a detailed message with instructions will be left for me. If this is not acceptable, I understand I will notify the Donor Services Technician.

My blood donation will be tested for various infectious agents and other conditions. Any blood testing positive for any infectious agent or other condition 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 blood. To better interpret and understand the results of these tests, it may be necessary to contact me for follow-up testing.

All blood donor personal and health information is protected. Strict confidentiality of personal information, test results or other donation related information is ensured at all times. The Mayo Clinic Blood Donor Program does not distribute individually identifiable donor information to third parties unless required for regulatory or accreditation compliance.

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 the blood will be used in such a manner as the Division of Transfusion Medicine may think desirable. A portion of my blood may be used for research or education.

- Research may include tests on the blood, including DNA testing, or the use of parts not needed for transfusion.
- I will not be reimbursed and may not have access to results of any research using my blood.
- Research results, age, race (ethnicity as shared by the donor) and/or gender may be shared with the research sponsor in a coded fashion that does not reveal my identity. Once coded samples have been shared, it is not possible to withdraw research participation as the samples may not be retrievable.

The medical history that I have furnished is true and accurate to the best of my knowledge. I have read the foregoing information or it has been read to me. I have had the opportunity to ask questions, and any questions that I have asked have been answered to my satisfaction. I hereby grant permission to the Mayo Clinic Division of Transfusion Medicine to collect blood from me.

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.

Parent or Guardian Signature ▶	Date (mm-dd-yyyy)
Parent or Guardian Printed Name (First, Middle, Last)	Parent or Guardian Phone (with area code)

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 (mm-dd-yyyy)
----------------------	-------------------