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## 16-YEAR OLD DONOR PERMISSION FORM

Your 16-year old son/daughter has expressed interest in donating blood (whole blood or double red blood cells/platelets using automated technology). We hope that you support and encourage your son/daughter's decision to donate blood.

Blood donation is a routine procedure using single use, sterile supplies. Reactions like fainting and bruising can occur but are not common. Blood testing is mandated for a variety of infections including HIV (the AIDS virus), viral hepatitis and others. Positive test results will cause your son/daughter's name to be entered into a confidential list of excluded donors and you will be notified of positive test results with medical significance. All information and test results are confidential unless reporting is mandated by law. Remaining blood samples could be tested for markers of cardiovascular risk and/or diabetes and results of such tests could be used for population health research, such research will be conducted in a manner that protects your son's/daughter's identity.

Donors who donate double red blood cells/platelets using automated technology will receive an anticoagulant which prevents blood from clotting during the course of the procedure. The anticoagulant reduces the calcium in the blood. This may cause potential temporary problems for donors that include muscle cramping, numbness, chilliness, tingling sensations, feelings of anxiety or a "heavy feeling" of pressure on the chest. A calcium replacement is given to the donor in the event that Carter BloodCare deems it necessary. By signing this permission form, you accept the potential risks which are set out above.

If you have any questions regarding your son/daughter's decision, please contact the Donor Advocate Department at 817-412-5370 or toll free at 1-877-351-3600.

**Form is to be completed using ink.**

### Permission

I give permission for the voluntary donation of blood or blood components by my 16-year old son, daughter, or ward ("**My Son/Daughter**") \_\_\_\_\_ to Carter BloodCare.  
(My Son/Daughter's Printed Name)

### Certification

I certify that (i) I have read this Permission form, (ii) My Son/Daughter is 16 years of age, (iii) I have the legal authority to give permission to My Son/Daughter's donating blood or blood components, and (iv) I have asked any questions I have regarding the donation of blood or blood components by My Son/Daughter and all questions have been answered.

### Notification

I understand there are regulations requiring notification in the event a donor tests positive for certain blood borne infections (the "**Required Notifications**"). Consistent with these such regulations, I request that all positive test results arising from My Son/Daughter's donation (including any and all Required Notifications) be made to me and not My Son/Daughter.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

\_\_\_\_\_  
(Address, City, State, and Zip Code)

\_\_\_\_\_  
(Contact Number, Including Area Code)

Carter BloodCare

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