ARUP BLOOD SERVICES
9786 Sandy Parkway, Sandy, UT 84070
(801) 584-5272 | www.utahblood.org

Dear Donor Parent,

This document provides essential information regarding your child's blood donation. Please read and sign below to indicate that you understand the information that will be asked of your child. Thank you for allowing your child to participate in this life-saving program.

- I understand that the words "sexual contact" and "sex" are defined in an informational pamphlet that my son/daughter will be asked to read and are used in some of the questions that will be asked of my son/daughter during the donor-eligibility screening process. I also understand that my child will be asked about pregnancy and transfusion history.
- I understand that the Food and Drug Administration (FDA) regulates donor eligibility and collection policies and that ARUP Blood Services follows those regulations.
- I understand that my child's blood will be tested using licensed or investigational tests to comply with FDA requirement for testing for hepatitis B virus, hepatitis C virus, human immunodeficiency virus, human T-lymphotropic virus, syphilis, West Nile virus, and Chagas disease. I understand that Utah State laws protect the disclosure of certain test results and that ARUP Blood Services will require a signed authorization from my son/daughter to release test results to someone other than my child unless required by state or federal law. (A patient authorization form is available upon request.)
- I understand that the procedures used to collect blood are safe but that blood donation is not entirely without risk. I understand that a very small percentage of people experience donation reactions, which can include: lightheadedness, nausea, bruising of the arm, injury to the nerves of the forearm, or fainting. If my son/daughter experiences a blood donation reaction, I give permission for ARUP Blood Services staff to treat my child as needed to make him/her feel better. I understand that typical treatment usually includes ice packs and elevating the legs; however, intravenous infusion of fluids may be necessary.
- I understand that if my son/daughter has a good meal and drinks plenty of fluids the day before and the day of the donation, chances of a reaction are reduced.
- Signed parental permission is valid for one donation only.
- To comply with regulatory recommendation, my son/daughter will be given a voucher for iron supplementation if he/she falls within one of the following groups:
  - Females who are currently 55 years of age or younger
  - Females who donate 2 or more times per year
  - Females whose hematocrits are either 38% or 39%
  - Males who are currently 24 years of age or younger
  - Males who donate 3 or more times per year
  - Males whose hematocrits are either 39% or 40%
- All donors **MUST be age 16 or older** on the date of donation and will be asked to show picture identification with date of birth.
- All donors must weigh at least 110 pounds to be eligible to donate.
- The total blood volume will be assessed on all donors who are younger than 24 years old to ensure that they meet the minimum blood volume requirement to be eligible to donate.
- If you would like to obtain more information regarding the donation process, donor information packets can be obtained from your child's school or on the FDA website at: www.fda.gov/BiologicsBloodVaccines/BloodBloodProducts/QuestionsaboutBlood/default.htm
- If you have any questions or concerns, please contact ARUP Blood Services at (801) 584-5272

_____ _____/_____/_____ _____

Parent/Guardian Signature | Date | Telephone Number *(Number where you can be reached on donation day)*

I, _____, give permission for my son/ daughter
(Print parent/guardian's name)

_____, to donate blood with ARUP Blood Services.
(Print donor's name)

_____ _____/_____/_____

Donor's address | Donor's date of birth

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Sole blood provider for: