

Parental Information on Blood Donation

Your son or daughter has expressed interest in donating blood with BloodCenter of Wisconsin. In Wisconsin, a minor who is at least 16 years old may become a blood donor, if the minor's parent agrees. After age 17, the consent of the minor's parent is not required. A *Consent to Blood Donation* form for 16-year-old donors is required each time the minor donates. This form will provide you and your son or daughter with important information about blood donation.

We hope that you will support and encourage your son or daughter to become a blood donor. By becoming a blood donor, your son or daughter is showing great civic responsibility, maturity and a sense of community pride. Through blood donation, your son or daughter can positively impact the health of a patient.

The Donation Process. There are four steps to the donation process:

1. **Registration** – Each donor is required to present a picture ID with the donor's date of birth and complete a list of health-related questions.
2. **Medical Evaluation** – The medical evaluation ensures safety for both the blood donor and recipients. In order to donate, an individual must be in good health, be at least 16-years-old, and weigh at least 110 pounds (see below for additional height and weight criteria). Each prospective donor will meet privately with a donor specialist who will check the donor's blood pressure, temperature and pulse, and take a small drop of blood from the donor's finger to test the donor's blood count.

MALES			
If you are	4' 10"	4' 11"	5' or taller
You must weigh at least	120lbs.	115lbs.	110lbs.

FEMALES						
If you are	5' 1"	5' 2"	5' 3"	5' 4"	5' 5"	5' 6" or taller
You must weigh at least	133lbs.	129lbs.	124lbs.	120lbs.	115lbs.	110lbs.

*Females: If you are shorter than 5' 1", you may still be eligible to donate blood. Call our Record Review Department at 414-937-6070 to ask about your eligibility.

3. **Blood Collection and Testing** – Blood is collected through a sterile needle inserted into the donor's arm. The actual blood donation takes about 10 minutes. To ensure the safety of persons who may receive donated blood, all donated blood is tested for ABO blood typing, HIV (the virus that causes AIDS), hepatitis B and C, West Nile virus, syphilis, and other illnesses. All donor information is kept strictly confidential; however, if any of these screening tests are positive, BloodCenter will inform the donor and his or her parent/guardian. In some cases, the donor's name may be entered in a registry of ineligible donors and we must inform certain government health agencies as required by law.
4. **Refreshment and Relaxation** – After the donation, donors are encouraged to spend time in the refreshment area. Snacks and drinks are provided to replenish fluids and energy levels. Also, it is important that the donor drinks plenty of fluids in the 24 hours after donation.

Potential Risks. There are some potential risks in donating blood, including: discomfort, swelling and bruising at the needle site; fainting and convulsions; injury to blood vessels or nerves; infection; and local blood clot. These risks are relatively uncommon.

Questions? If you have any questions or concerns about blood donation, please contact us at 414-937-6070 or visit our website at www.bcw.edu.

If you and your son or daughter want to proceed with blood donation, please read and sign and return the *Consent to Blood Donation* form with your child when they come to donate.

RESEARCH PARTICIPANT INFORMATION SHEET FOR BABESIA PARASITE

Protocol Title: A Prospective Study to Evaluate the Specificity of the **cobas**[®] Babesia test for use on the **cobas**[®] 6800/8800 System for Screening of Blood Donations for the Presence of Babesia Parasite DNA and RNA

Study #: cX8-BAB-440

Sponsor: Roche Molecular Systems, Inc.

Principal Investigator Name: **Jerome L. Gottschall, MD**

Research Site Address: BloodCenter of Wisconsin
638 North 18th Street
Milwaukee, WI 53233

Daytime Telephone Number(s): 800-215-0061

24-hour Contact Number(s): 800-215-0061

APPROVED: **Aug 08, 2017**
COPERNICUS GROUP IRB

Additional contact information for your local blood donation center: Please refer either to the donation consent document that you signed at your local donation center or, if your donation consent was electronic, to your local donation center's website.

This donor center is doing a research study on a new test used to detect Babesia parasite. To participate, you must meet the following criteria:

- You must meet the standard donor eligibility criteria.
- If you are a minor (for example age 16-17 years), you may participate if you have obtained permission of a parent (or legal guardian), where required by law, to donate blood and you assent to donate blood.

If you donate, your test results will be used to evaluate the new test. Any remainder of your donation may be stored up to 3 years after the completion of the study and used for further research related to the Babesia parasite. Your participation in this research study is voluntary and you can decline from participating in this research study.

If you do participate in the research study and your test results show that you may have a Babesia parasite infection:

- This donation center will attempt to contact you only if your test results show that you may have a Babesia parasite infection and their significance will be explained. You will not be contacted if your results do not show that you may have Babesia parasite infection.
- You will be invited to participate in a voluntary follow-up study involving additional blood samples and you will be asked to sign an additional consent form.
- You should discuss these results with your primary care physician. You should discuss the potential risk of Babesia parasite infection, and the potential

harm with either your physician or your donation center.

At any time, you may also visit the Centers for Disease Control and Prevention (CDC) website at <https://www.cdc.gov/parasites/babesiosis/> for additional information regarding Babesia parasite.

Although you may not receive a direct benefit from this study, the results may allow for better tests to become available to protect the blood supply.

You will not be paid for your participation in this study.

The risk of having your donation tested with the study test is not any greater than having your donation tested for other infectious diseases.

Your participation in this study is voluntary. If you decide not to participate after your donation is taken or not to donate today, there is no penalty to you. If you have questions about this study or would like to withdraw from further participation in this research study, call the Principal Investigator at the number(s) above.

The results of all testing on your donation during this study are confidential, except when reportable by law to public health authorities, and to authorized blood center personnel, the U.S. Food and Drug Administration (FDA), and Roche Molecular Systems, Inc.

If you have questions about your rights as a study participant call the Copernicus Group Independent Review Board (IRB) at 1-888-303-2224. An IRB is a group of people who review research independent of those sponsoring and doing the work. Please visit the Copernicus Group IRB website www.cgirb.com for more information about research studies and the role of a research study participant.

**Affix Unit ID label
here**

CONSENT TO BLOOD DONATION

Complete the following information in ink

Name of Minor/Ward: _____

Minor/Ward Date of Birth: _____

Address: _____

City/State/Zip: _____

Telephone Number
Where Parent/Legal Guardian
Can Be Reached During
Donation: _____

- The minor listed above is at least 16 years old.
- I have read and understand the information provided to me about blood donation.
- I am voluntarily donating blood to BloodCenter of Wisconsin, and agree BloodCenter of Wisconsin may use or transfer my blood or blood components for any purpose it deems appropriate, including transfusion, research, or commercial purposes.
- I understand that all donated blood is tested for ABO blood typing, syphilis, HIV (the virus that causes AIDS), West Nile virus, hepatitis B and C, and other tests.
- I consent to blood donation by the minor listed above.

X _____
Signature of Parent/Legal Guardian
Print Name
Date

Disclosure of Screening Test Results. By signing below, I (the minor listed above) authorize BloodCenter to inform me and my parent/legal guardian of any positive blood screening test results (including HIV test results). If I am considered an ineligible donor because of my testing results or other information, I will be deferred and my donor record will identify me as ineligible. BloodCenter will contact me to tell me the reason I am not eligible to donate, and the time period for which I am deferred and should not attempt to donate. State and federal laws may require BloodCenter to notify governmental agencies of certain testing results. BloodCenter complies with these laws and will communicate testing results as required. I understand that HIV test results may also be disclosed to other authorized persons as governed by Wisconsin law. A list of persons to be notified and reasons that may lead to disclosure of HIV test results is available upon request. I give permission to release HIV test results to BloodCenter doctors and their assistants. This consent to disclosure is effective upon signing. I understand that a new form is required each time I donate.

X _____
Signature of Minor
Print Name
Date