

# Welcome New Donors (First time Michigan Blood donors ONLY)

Please use ink and PRINT all information:

Birth Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Please  gender:  Female  Male  
Month Day Year

Legal Last Name (include Jr, Sr, I, II, etc.) Other Last Names (maiden, etc.) First Name Middle Name or Initial (optional)

Street Address (Number, Street, Apt #, P.O. Box) City State Zip Code

Please  your one main race/ethnicity: (*Ethnic background is needed to help us find rare red blood cell donors.*)

Caucasian/White  African American/Black  Hispanic/Latino  Asian  American Indian  Other  Decline

(\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Work Phone Ext Cell Phone

Current high school student, graduation year: \_\_\_\_\_

E-mail Address

Staff Use Only: BBCS #: \_\_\_\_\_ Group #: \_\_\_\_\_ BBCS Entry By: \_\_\_\_\_ Second Check by: \_\_\_\_\_

## 16 YEAR OLD BLOOD DONORS ONLY: Parent/guardian complete this section

This signed consent will be in effect until his/her 17<sup>th</sup> birthday or until written notice is received withdrawing consent.

My 16 year old, \_\_\_\_\_, over whom I have legal authority, is correctly identified above.

I understand that by Michigan law and with my permission, my 16 year old may donate blood for the community supply. At the time of donation, Michigan Blood will review his/her medical history, perform a mini physical and take a few drops of blood to check red cell level. If eligible to donate, a unit of blood may be drawn.

If my 16 year old is eligible, I give him/her permission to donate blood which includes all associated examinations, laboratory testing, procedures and reporting. I have no reason to believe my 16 year old should not donate. I understand that any positive laboratory testing performed on his/her blood up to their 17<sup>th</sup> birthday will be reported to both me and my 16 year old. Based on test results, follow-up testing may be required.

I understand that any urgent medical care needed as a result of donating will be given in a timely manner. I will be notified of that medical care; however, that notification may be after care is rendered.

I, \_\_\_\_\_ (Parent/Guardian Name - please print using ink pen), have reviewed the Donor Acknowledgement (below) and give my permission for my 16 year old to donate blood and sign the donor form to indicate acknowledgement at the time of donation.

Parent/Guardian Signature Date Parent/Guardian contact telephone number(s)

Parent/Guardian Street Address (Number, Street, Apt #, P.O. Box) City State Zip Code

### Donor Acknowledgement:

I am voluntarily donating blood to Michigan Blood, and authorize Michigan Blood to use or transfer my blood or blood components for any purpose it deems appropriate, including transfusion, research, or commercial purposes. I understand that if not needed locally, my blood may be used elsewhere. I give my permission for typing of my blood cells and for detailed laboratory testing of my blood, including testing for HIV (the AIDS virus), hepatitis, white cell antibody testing and investigational (research) tests related to blood safety. If a component of my blood is stored in a frozen state, I give my permission to perform whatever additional laboratory testing is required in the future to clarify past or future donation eligibility. There may be technical reasons (insufficient or broken sample tubes) which could result in my blood not being tested, my donation being discarded, or my being deferred for some or all products. Results of all testing will be stored in Michigan Blood files and may be accessed by Michigan Blood staff as needed to determine eligibility status. If my donation is determined to be unsuitable and my next eligibility date changes or I am deferred, my donor record will identify me as ineligible to donate and I will be notified of the basis and the period for deferral. Michigan Blood may need to contact me for follow-up questioning or testing. If my specific type is needed by a patient, I may be asked to donate, but I will have the right to refuse any such request. If I am at risk for spreading HIV or other relevant transfusion transmitted infections as described in the educational material, I agree not to donate blood or tissue.

I specifically authorize the disclosure (effective indefinitely) of the results of my tests, including tests for HIV, to the Michigan Blood physicians or anyone physically exposed to my blood and any disclosure required by law. My records may be reviewed by regulatory agencies or test manufacturers, but if removed from the facility will not be able to be linked to me personally. I understand that by law certain confirmed positive test results (e.g. HIV, hepatitis B and C, and syphilis) must be reported to public health authorities. I also understand that abnormal tests of active military personnel will be forwarded to the military medical authority of the base to which I am assigned, as required by the Department of Defense.

Possible risks of blood donation include discomfort and bruising at the needle entry site, lightheadedness, and (rarely) fainting or seizures. Frequent red cell donation removes iron and may cause or aggravate iron deficiency anemia. Very rare complications of drawing blood include arterial puncture, peripheral nerve injury, local infection, and local blood clot.

I verify that all my responses are truthful and accurate as marked. I have reviewed and understood the information provided to me about blood donation and its possible risks, Donation Pamphlet, testing, AIDS, and the spread of HIV by blood or tissue. My questions regarding this information have been adequately answered. I understand that my participation as a donor is voluntary, and I have the right to withdraw my consent at any time.

**If you have any questions, call Michigan Blood at 1-866-642-5663 and ask to speak with Donor Services.**

Thank you for giving your precious, lifesaving gift.

**16 YEAR OLD BLOOD DONOR PARENT/GUARDIAN:** This signed consent **MUST** be received prior to allowing your 16 year old to donate blood and will be in effect until his/her 17<sup>th</sup> birthday or until written notice is received withdrawing this consent. Thank you for supporting your student in their desire to make a difference in other people's lives. Please see below for a few of our donation requirements and some tips on how to help your student prepare for their first donation.

**What to know before you donate:**

- You should be at least 17 years old, or 16 years old with parental/guardian consent.
- You must be feeling well (no fever or diarrhea).
- You must weigh at least 112 pounds if you are age 19 or older.
- You must weigh at least 112 pounds and meet specific height/weight requirements if you are aged 16-18.
- Get plenty of rest, drink extra fluids and eat a good meal before you donate.
- Please eat and drink well within the 4 hours prior to your blood donation.
- If possible, eat more salty foods than usual in the 24 hours before you donate.
- Ask your doctor first if you're worried about how a medical condition might effect blood donation.

**What to know about blood donation:**

- You can donate whole blood every 56 days – that donation saves up to three lives.
- You can donate special parts of your blood (platelets, plasma, or red cells) by a process called apheresis if you are 17 years of age or older.
- Less than 5% of the eligible U.S. population donates blood regularly, but more than 75% of people reaching age 72 will need blood sometime in their life.
- Every 2 seconds, someone needs blood.
- Some blood components have a short life span (platelets last only 5 days, red blood cells 42 days), but the need for blood never ends.
- 33% of all blood donations go to cancer patients.

**Please help us continue to save lives!**