

# Consent for Blood Collection from a 16-Year-Old Donor



PLEASE PRINT THE FOLLOWING INFORMATION IN BLUE OR BLACK INK

Full Name of Minor/Ward: \_\_\_\_\_

Minor/Ward Date of Birth: (mm-dd-yyyy)

Age on day of donation: \_\_\_\_\_

Phone Number Where Parent/Guardian Can Be Reached (on the day of donation):

*Please be available at this number during the hours of the blood drive, so you can be notified in case of an adverse reaction.*

Voluntarily donating blood through Versiti allows the blood to be used for transfusion and if not needed locally, used elsewhere.

All donor blood is screened for the required infectious diseases, including HIV/AIDS. However, tests are not perfect and in the very early days after exposure, tests may not detect infection. Abnormal test results will be mailed directly to the donor, and if the donor is 16 years old, mailed to the donor's parents/guardians. Donor/Parent/Guardian test result counseling is available from Versiti.

Results of medical evaluation and testing may be used by staff to determine eligibility status. Abnormal test results may cause a donor's blood to be discarded and along with medical reasons for deferral, will be stored in a confidential list of ineligible donors.

**Contact Information Provided.** By providing a telephone number on this consent form, the donor and donor's parents expressly authorize and consent to receive calls from Versiti, its controlled affiliates, or an agent in the event of an adverse event.

**Consent Duration.** Versiti requests that a parental consent be provided with each donation; nevertheless, this signed consent is in effect until the earlier of a donor's 17<sup>th</sup> birthday or until written notice is received withdrawing this consent.

## INFORMED CONSENT

I confirm I am the parent or legal guardian of the individual named below, that I have read and understand the information stated above, that my child/ward is at least 16 years of age, that Versiti may test, use or transfer my child/ward's blood or blood components for transfusion. I understand that any positive laboratory testing performed on his/her blood up to his/her 17th birthday will be reported to both me and the 16-year-old donor. Based on test results, follow-up testing may be required. I understand the possible risks of blood donation. I understand that any urgent or emergent 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 such care is rendered. I have no reason to believe the 16-year-old donor should not donate. I give my permission for my child/ward to donate blood.

\_\_\_\_\_  
Print Parent or Legal Guardian Name

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date:

## Minor/Ward Consent

I confirm that the above signature is that of my parent or legal guardian. I understand that Versiti may share the results of the disease testing done on my blood with my parent or guardian and consent to such sharing. I understand that my participation as a donor is voluntary, I have the right to withdraw my consent at any time and I may call Versiti to request my donation be discarded.

\_\_\_\_\_  
Print Minor/Ward Name

\_\_\_\_\_  
Minor/Ward Signature:

\_\_\_\_\_  
Date:

*This form must be presented by the donor or otherwise available to Versiti on the day of each donation.*