BLOOD DONATION REQUIREMENTS

OneBlood is now testing all blood donations for the Zika virus.

Because the test is new, OneBlood is required by the Food and Drug Administration (FDA) to provide all donors with an additional consent form (see below) specific to the Zika virus test.

In order to donate at any M-DCPS blood drive, all 17 year old blood donors must have the Zika consent form signed by a parent or legal guardian. In addition, a signed OneBlood Parental consent form (when required) must be signed by a parent or legal guardian.

OneBlood Parental consent form AND Zika consent form must be signed by a parent or legal guardian.

OneBlood Parental Consent Form to Donate Blood

Zika Parental Consent Form

BLOOD DONOR CONSENT FOR STUDENTS AND MINORS

Affix Unit Number

General Information About Blood Donation for Parents and Guardians:

We hope that you will support and encourage your son / daughter's decision to donate blood. Volunteer blood donations are a key element to modern medical care. Blood donations unite people from all walks of life and represent an important civic duty. Local schools play a major role in our community through blood drives. By becoming regular volunteer blood donors, students help to maintain a ready supply of blood for those who depend upon it:

- **Whole Blood Collection:** involves removal of one unit of blood (approximately one pint, or 450 to 500 mL plus the addition of up to 50 mL in sample tube collection) using a new, single-use blood bag collection set.
- **Automated Collection:** is performed on apheresis equipment using sterile single use kits, allow for the safe removal of larger amounts of only selected blood components (red blood cells, plasma and platelets) for use by a patient.
- **Donor Suitability:** The blood bank makes a determination as to the suitability of all blood donors based on a physical examination, donor interview, and disease testing. During the physical exam, blood pressure, pulse and temperature will be taken. Additionally, a small blood sample from the finger to rule out anemia. During the donor interview, sensitive and personal information is obtained from the donor. These questions are about the donor's medical condition, health status, travel and sexual history. It is important that questions be answered fully and truthfully.
- **Risks of Donation:** While the blood donation process is generally a safe experience, it is possible that short-term side effects can occur. On rare occasions, more severe reactions with more serious and long-term complications can occur. Potential side effects of both whole blood and automated blood collection include fainting, dizziness, nausea, vomiting, bruising or redness in the area of the venipuncture and iron deficiency. More serious reaction types may include seizures and, rarely, nerve and/or blood vessel injury in the area of the venipuncture. Rare complications include: severe hypocalcaemia; shock; air embolism; blood clotting; severe allergic reactions in people sensitive to latex, rubber, or ethylene oxide; hemolysis (red cell destruction); compartment syndrome (compression of nerves, blood vessels and muscle inside a closed space).
- **Testing:** The following tests are performed on a blood sample from each donation: ABO blood group and Rh type, Antibody screen, Serological test for syphilis, Hepatitis B surface antigen (HBsAg), Hepatitis B core antibody (anti-HBc), Human Immunodeficiency Virus Types 1 and 2 antibody (HIV-1/HIV-2), Human T-cell Lymphotropic Virus Types I and II antibody (HTLV-I/II), Hepatitis C virus antibody (HCV), HIV, Hepatitis B and C nucleic acid amplification tests (NAT), West Nile Virus nucleic acid amplification test (NAT), Trypanosoma cruzi antibody (agent that causes Chagas' disease) – First donation only. Abnormal test results will be reported to the donor and to the donor's legal parent or guardian, if the donor is less than seventeen years of age, consistent with the provisions of Florida law. The medical and personal information and results of testing will be held by the blood bank in strict confidence and will not be disclosed to anyone unless specifically authorized by the donor and the donor's parent or legal guardian, except where authorized by law

Consent

I am the parent or legal guardian of the minor listed below who has my permission to serve as a volunteer blood donor. I have also reviewed the General Information about Blood Donation for Parents and Guardians, Donor Suitability, Risks of Donation and Testing sections contained herein. I understand that on occasion medical complications may occur at the time of donation and up to several days after donation, and on rare occasions may be long lasting. OneBlood will contact me if my child experiences any severe injury or loss of consciousness at the time of donation. Further, I understand all blood and blood samples, as well as all medical records generated by the blood donation, are the legal property of OneBlood. OneBlood may use the blood in any way desired, including, but not limited to; transfer to hospitals locally and in other cities. I understand that the blood will be tested for AIDS (HIV), hepatitis, and other transfusion-transmitted diseases and that if the donor has not yet reached his or her seventeenth birthday, I, as the parent or legal guardian, will be notified of any abnormal test, and may request history or test information on named minor. Test results may be used for population health research; such research will exclude my son /daughter's identity. I also understand that if a test is abnormal, my child's name may be placed on a confidential registry of donors excluded from future donation. Abnormal test results may be reported to the applicable county Health Department, as current law requires. I understand that the minor must be at least 16 years of age, weigh at least 110 lbs and feel healthy and well on the day of donation. I further understand that a new consent will be required for all subsequent donations until the 17th birthday. If the student attends a school that requires more frequent or stringent consent, a new consent will be required per school policy.

OneBlood is a 501(c) (3) non-profit, all-volunteer blood center providing blood to hospitals for transfusion support of ill and injured patients. For more information about blood donation, please visit our website http://www.oneblood.org.

By completing below, I acknowledge that I am the parent / legal guardian of said minor/student and understand all information presented in this form, consent to it and authorize said minor to donate blood:

Please Complete Consent

Printed name of minor	Date of birth	Age	Name of high school, if applicable

Printed name of parent / legal guardian	Emergency contact number	Parent / legal guardian signature	Date

Minor Donor

Acknowledgement and Consent of Test Notification - Required	I confirm the consent given based upon the above signature is that of my parent/legal guardian. I have read and understand all information in this form and agree to parental/legal guardian test notification.	Donor signature – required

School schedule information - optional

	Instructor	Room#	Core Class or Elective		Instructor	Room#	Core Class or Elective
1				5			
2				6			
3				7			
4				8			
Lunch Period?				Bus Rider?		Yes	No

OneBlood Staff or School Faculty Designee Use Only

Verbal consent for donors seventeen years of age and older may be obtained from a parent or legal guardian when consent is required by school policy.

Name of Parent or Legal Guardian who provided consent	Telephone number dialed	Verbal consent obtained by:	Date and Time of Call

PARENTAL CONSENT FOR A CHILD TO PARTICIPATE IN RESEARCH

*(*applicable if study participant is age 16-17))*

As parent or legal guardian, I give permission for _____
(child's name) to become a participant in the research study described in this form.

Child's Date of Birth: _____

_____

Parent/Guardian Name (Printed):

_____ _____

Parent/Guardian Signature **Date of Signature**

OneBlood Staff use only:
Affix Unit Number

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

- To donate without parental consent, you must be age 18 or older and consent to participating in this research study.
- To donate if you are ages 16-17, you may participate with the permission of a parent (or legal guardian), and your consent to participating in this research study.

If you donate, your test results may be used to evaluate the new test system. 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 Zika virus. Your alternative is to not donate. If you decline testing we will be unable to use your whole blood or red blood cells, however, we will inform you whether you may donate plasma or platelets.

This donation center will attempt to contact you to notify you of your test results and their significance will be explained. If the results suggest that you may have a Zika virus infection, you will be invited to participate in a voluntary follow-up study involving additional blood samples and you will be asked to sign a consent form.

If your test results suggest that you may be infected, you should discuss these results with your primary care physician. Your donation center will discuss the potential risk for sexual transmission of Zika Virus, and potential harm to the fetus during pregnancy. You may also visit the Centers for Disease Control and Prevention (CDC) website at *http://www.cdc.gov/zika/* for additional information regarding Zika virus.

Although you may not receive a direct benefit from this study, the results may allow for better test systems 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 now or after your donation is taken, there is no penalty to you. If you have questions about this study or would like to request that your test results not be used for this 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 of 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.