

MINOR INFORMED CONSENT FOR WHOLE BLOOD DONATION

UCI Blood Donor Center collects blood for the support of patients at UCI Health Medical Center. Our goal is to provide donors with a positive donation experience and patients with safe blood. To accomplish this goal, please read the blood donor information available at our website: <https://www.ucihealth.org/medical-services/blood-donations> to help your child prepare for blood donation.

To proceed with the blood donation process, donors must at the time of donation:

- Meet weight requirements based on height and gender (refer to Young Donor Total Blood Volume (TBV) Scale on backside)
- Be at least 16 with completed minor informed consent for whole blood donation.
- Present a valid photo identification card.

Important Information about Blood Donations

Blood donation is a safe and simple process that can be divided into 3 steps: 1) screening, 2) mini-physical, and 3) donor phlebotomy. During the screening process, all donors are required to complete a donor history questionnaire containing many personal questions about risk factors that may impact the transfusion recipient. Items covered can be reviewed here:

<https://www.ucihealth.org/medical-services/blood-donations/who-can-donate>. During the mini-physical, a donor's blood pressure, temperature, pulse, and hemoglobin level are assessed. The hemoglobin is measured using a drop of blood from the fingertip. If all elements of the first two steps are acceptable, the donor then moves on to phlebotomy. During this step, the donor is made comfortable and the phlebotomy site cleaned. The vein is entered with a needle and the phlebotomy proceeds from there.

On rare occasions, certain adverse events can be associated with blood donation. These include bruising or hematoma, tenderness at the phlebotomy site or arm, nausea, dizziness, fainting, or, even more rarely, nerve injury. Drinking plenty of fluids and remaining well hydrated before and after the blood donation is important to reduce the likelihood of reactions. At completion of the blood donation, the phlebotomy site will be carefully wrapped, and this wrap should remain in place for at least 4 hours. Donors are provided post-donation instructions that should be carefully followed.

- I have read and understand the information provided about donating blood. I am aware that my child (listed below) plans to make a voluntary blood donation.
- My child is at least 16 years old.
- I understand that my child will answer confidential questions during their health history.
- I understand that all donated blood will undergo laboratory testing for viral agents and diseases, including HIV, Syphilis, Hepatitis B virus, Hepatitis C virus, and other infectious agents as required by applicable laws and regulations. These tests are performed to protect the patients who will receive blood transfusion(s). Testing for other infectious agents may involve the use of investigational tests.
- The law requires confidential reporting of certain infectious disease test results to public health authorities.
- Abnormal (positive) test results will be disclosed in writing to the donor. In some cases, blood donor center staff may need to discuss test results individually with the donor. Per California law, it is the donor's decision whether their parents/guardians are to be included in that discussion.
- I understand that donated blood is intended for patient use; any blood that cannot be used for patients (for example, due to positive test results) may be used for other purposes.

COMPLETE IN BLUE OR BLACK NON-ERASABLE INK, DO NOT USE PENCIL OR WHITE-OUT:

To be completed by parent/guardian:

I am aware that my child plans to make a voluntary blood donation. By signing below, I am giving my consent for them to donate blood. My consent applies to this one donation:

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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Parent/Guardian Phone Number (On the day my child donates, I can be reached at this phone number)

To be completed by Minor (donor):

By signing below, I understand that I will be notified of test results that are important to my health or which may affect my eligibility to donate blood, including the results of testing for HIV (the AIDS virus). I understand that a new Parent/Guardian Consent Form is required for each time I donate. I understand that the UCI Blood Donor Center may contact my parent or guardian to confirm their permission for me to donate blood.

Donor Printed Name	Donor Birthdate	Donor Signature	Date
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University of California, Irvine Medical Center
101 The City Drive, Orange, CA 92868

Form BDC 3.010B Ver. 12/1/23

YOUNG DONOR TOTAL BLOOD VOLUME (TBV) SCALE

Estimated 3.5 L TBV for Males and Females, 16 through 18 years old			
Male Donors			
Height (ft., in.)	4'10"	4'11"	Greater (\geq) than or equal to 5'0"
Minimum Weight (lb.)	118	114	Greater (\geq) than or equal to 110

Female Donors									
Height (ft., in.)	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	\geq 5'6"
Minimum Weight (lb.)	146	142	138	133	129	124	120	115	\geq 110