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16-Year Old Donor Consent Form

Your 16-year old son/daughter has expressed interest in donating blood (whole blood or double red blood cells/platelets using automated technology). We hope that you support and encourage your son/daughter's decision to donate blood.

Blood donation is a routine procedure using single use, sterile supplies. Reactions like fainting and bruising can occur but are not common. Blood is tested for a variety of infections including HIV (the AIDS virus), viral hepatitis and others. Positive test results will cause your son/daughter's name to be entered into a confidential list of excluded donors and you will be notified of positive test results with medical significance. All information and test results are confidential unless reporting is required by law.

Donors who donate double red blood cells/platelets using automated technology will receive an anticoagulant which prevents blood from clotting during the course of the procedure. The anticoagulant reduces the calcium in the blood. This may cause potential temporary problems for donors that include muscle cramping, numbness, chilliness, tingling sensations, feelings of anxiety or a "heavy feeling" of pressure on the chest. A calcium replacement is given to the donor in the event that Carter BloodCare deems it necessary. By signing this consent, I accept the potential risks which are set out above.

If you have any questions regarding your son/daughter's decision, please contact the Donor Advocate Department at 817-412-5370 or toll free at 1-877-351-3600.

Consent

I consent to the voluntary donation of blood or blood components by my son, daughter, or ward ("**My Son/Daughter**") to Carter BloodCare.

Certification

I certify that (i) I have read this Consent, (ii) My Son/Daughter is 16 years of age, (iii) I have the legal authority to consent to My Son/Daughter's donating blood or blood components, and (iv) I have asked any questions I have regarding the donation of blood or blood components by My Son/Daughter and all questions have been answered.

Notification

I understand there are regulations requiring notification in the event a donor tests positive for certain blood borne infections (the "**Required Notifications**"). Consistent with these such regulations, I request that all positive test results arising from My Son/Daughter's donation (including any and all Required Notifications) be made to me and not My Son/Daughter.

(My Son/Daughter's Printed Name)

(My Son/Daughter's Date of Birth)

(Relationship to My Son/Daughter)

(Printed Name of Parent/Guardian)

(Signature of Parent/Guardian)

(Date)

(Address, City, State, and Zip Code)

(Contact Number, Including Area Code)