



**THE COMMUNITY
BLOOD CENTER**
connecting lives | sharing life

DONOR ACKNOWLEDGEMENT

Blood Donation

I understand that in order to donate blood I must be at least 16 years of age.

I understand the basic steps of the donation process as outlined in the education materials.

Ensuring a Safe Blood Supply

I understand that I must provide truthful answers to each of the questions regarding my medical history.

I have read, and understand, the information provided regarding the spread of relevant transfusion-transmitted infections (such as HIV/AIDs) through blood donation.

I agree not to donate if the donation could result in a potential risk to recipients as described in the educational material.

Potential Adverse Effects of Blood Donation

I understand possible side effects of donating may include: lightheadedness, nausea, vomiting, feeling warm/sweaty, pallor, fainting, hyperventilation, uncomfortable breathing, or convulsions due to the decrease in my blood volume; hematoma formation, local infection, swelling, redness, soreness/bruising, nerve irritation or arterial injury at the needle site; excessive tiredness; temporary tremors, muscle spasms, seizures, tingling, unpleasant taste, chills, stiffness, headache, fever, hypotension, allergic reaction, anxiety, hemolysis (red cell breakage), air embolism, or clotting as a complication of apheresis procedures.

I understand that reactions to blood donation can occur at any time throughout the donation process, including after I have left the donation site. I also understand that, under rare circumstances there may be a need for medical treatment during or following blood donation.

Testing

I understand my donated blood is tested for blood type, atypical antibodies, and a series of relevant transfusion-transmitted infections including, but not limited to: Hepatitis B and C, HIV, and syphilis. This testing is performed using FDA-licensed and/or investigational tests.

I understand that, if testing shows a risk of transmitting disease, I will be notified and my record will indicate that I am ineligible to donate.

If I am notified of such circumstances, I agree to no longer donate blood or components.

I understand that, except as required by state or local law, the test results are released only with my consent.

I understand that my blood may be tested for Sickle Cell hemoglobin and/or special blood group antigens; DNA technology may be used for testing.

Consent

I give permission to The Community Blood Center (hereby referred to as "the Blood Center"):

- 1) to have performed on my blood whatever tests may be required to improve the safety and quality of blood transfusions.
- 2) to have a sample of my blood stored for future testing.
- 3) to have such samples and products used in research.

I give permission to the Blood Center to contact me at the contact information I provided.

I understand I will be given an opportunity to ask questions about blood donation and that I am able to withdraw my consent at any time to stop the donation process.

I am donating my blood to the Blood Center for use as it may deem advisable.