General Information about Blood Donations for 16 Year Old Donors and their Parents

Dear Parent:

The Rhode Island Blood Center recently has joined most other states in lowering the eligibility age for blood donation to 16-year-olds. For many teenagers, and often at high school blood drives, this is their first taste of civic involvement. Additionally, teenagers often want to donate blood because it gives them a sense of importance, and an unmatched sense of accomplishment— they’ve helped save a life! As you read this letter, a child, a mother, or a grandfather is receiving a transfusion of life-saving red blood cells, plasma, or platelets that will allow them a fighting chance at life. There is no substitute for donating blood. Some of today’s most dedicated blood donors began giving blood in high school.

Donating blood is safe; trained professionals, using sterile equipment, staff all blood drives. Anyone who is at least 16 years old and in good health can donate. All 16 year-old donors must have a signed parental consent and weigh at least 130 pounds. All other donors must weigh at least 110 pounds.

Blood Donor Suitability

The Rhode Island Blood Center makes a determination as to the suitability of all blood donors based on a mini-physical examination, donor interview, and disease testing. During the donor interview, sensitive and personal information is obtained from the donor, including questions about the donor’s medical condition, health status, and exposure to infectious diseases. It is important that questions be answered fully and truthfully.

Adverse Reactions to Donating Blood

16 year-old donors are at risk for iron deficiency. As it develops, iron deficiency can have several physiological and health impacts to include cognitive dysfunction and fatigue. Blood donation incurs a loss of approximately 200 – 250 mg of iron. The Rhode Island Blood Center recommends all blood donors take a multivitamin with at least 18 mg of iron, unless the donor has iron overload.

While the blood donation process is normally an uplifting experience, it is possible that short-term side effects can occur such as dizziness, skin irritation, bruising, or fainting. Although remote, it is possible that bruising around the vein, an infection, or nerve damage can develop during or after phlebotomy, which is the process of drawing the blood. On rare occasions, more severe reactions can occur with more serious and long-term complications.

Testing of Donated Blood

Donated blood will undergo testing for viral agents and diseases including, but not limited to, HIV and Hepatitis C. Investigational testing may also be performed, which, if reactive, may necessitate donors return for further testing. Abnormal test results will be reported to the donor and to the donor’s parent or legal guardian, if the donor has not yet reached his or her 17th birthday at the time of donation. Medical and personal information and results of testing will be held by the Rhode Island Blood Center in strict confidence and will not be disclosed to anyone unless specifically authorized by the donor and the donor’s parent or legal guardian or required by law. A positive test result for certain infectious diseases may be reported to the state health department or as otherwise required by law.

Revision 3 implemented on 06/26/17

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Confidential and Proprietary
Automated Double Red Cell Collection

Automated double red cell collection is a procedure by which two units of red cells are collected. Red Cells are used for patients who are bleeding or who are anemic. Blood is withdrawn through a needle in one arm and passed through a rapidly spinning centrifuge, which allows the separation and removal of the red cells. The remainder of your blood, (plasma, white cells, and platelets) are mixed with saline and returned to you. This process is repeated until the required amount of red cells has been collected. Since you are continually connected to the machine during the entire procedure, you are assured that you are only receiving your own blood. All equipment is disposable and is discarded after each use.

The procedure uses an anticoagulant that may cause minimal side effects such as tingling around the lips, mouth and fingers, feeling cold, and muscle cramps. These symptoms can be easily treated with calcium replacement. Please inform your operator of any side effects. Other side effects are the same as whole blood such as: light headed, dizziness, fainting, nausea and vomiting, bruising at the needle site and possible nerve damage. Two very rare complications that may occur during apheresis are air embolism and hemolysis (damage to the red cells).

Donors may not donate again for 112 days (16 weeks) after this type of donation.

Should you have any questions regarding the automated double red cell collection, please feel free to contact the Rhode Island Blood Center’s Chief Medical Officer at 401-453-8360 or Contact Us at www.ribc.org.
THIS CONSENT MUST BE COMPLETED AND PRESENTED ON THE DAY OF THE BLOOD DONATION.

16 Year Old Permission Form

PLEASE PRINT THE FOLLOWING INFORMATION IN BLACK OR BLUE PEN

Donor Information

Donor Name: __________________________ Age: _____ Birth date: _______

High School (if applicable): ____________________________________________

By signing this consent, I understand that abnormal results of laboratory testing will be provided to my parent or guardian (if age sixteen), and all appropriate State of Rhode Island agencies required by law (regardless of age). Investigational testing may also be performed, which, if reactive, may necessitate donors return for further testing.

Student Signature: __________________________ Date: ____________

Parent/Guardian Information

Parent/Guardian Name: ____________________________________________

Street Address: ____________________________________________________

Donor City/State: ___________________________________________________

Zip Code: __________ Daytime/Cell Phone: __________________________

By signing this document, I acknowledge I am the parent or guardian of the individual listed above. I also acknowledge that I have read and understand the information on the attached “General Information about Blood Donation” forms, acknowledge that additional information is available by phone using the contact numbers provided, and hereby consent for my child to make a voluntary blood donation through the Rhode Island Blood Center. This consent includes submission to all tests, examinations, and procedures customary in the connection with the blood donation process, including the donor consent statement. Investigational testing may also be performed, which, if reactive, may necessitate donors return for further testing. I also declare that my child weighs at least 130 pounds as required for this donation.

Also, I give my child consent to donate Automated Double Red Cell Collection if my child meets eligibility criteria. □ yes □ no

Rhode Island Blood Center recommends that blood donors take a daily multivitamin with at least 18 mg iron to replenish the iron lost from donating.

Parent/Guardian Signature: __________________________ Date: ____________

Revision 3 implemented on 08/06/18 Form II-2.001d Confidential and Proprietary