Donor UIN: _____
(Staff only)

Parental Consent for Donor Apheresis Procedure for 16- & 17-Year-Old Donors

The blood donation procedure to which I am being asked to provide consent for my child is referred to as *apheresis*. During the procedure, the blood is made to flow from a new, sterile disposable needle through a vein in the arm and into a machine, which separates the blood into its liquid (plasma) and cellular (red blood cells, white blood cells, and platelets) components. The machine routes the components for donation into a collection bag, and the rest of the blood is returned to the donor through the same needle. During the procedure, an anticoagulant will be added to prevent the blood from clotting in the machine. The UNC Blood Donation Center only collects platelets and/or plasma by apheresis.

Prior to the donation, my child will complete a questionnaire about their health history, medications, travel, and other risk factors for infectious diseases. A blood sample will be tested for infectious diseases to ensure the product is safe to transfuse. Information obtained during the questionnaire or through testing is confidential and released only with the donor's consent; however, certain test results may be reported to the state health department as required by law.

Potential adverse effects of this procedure may include pain/bruising at the venipuncture site, muscle cramps, tingling of the mouth, anemia, nausea, vomiting, lightheadedness, and fainting. Rare, serious adverse effects may include allergic reactions, seizures, nerve injury, and infection. To ensure the safety of our donors, a medical professional is present during the entire procedure.

I have read and understand this consent form. If I have questions or concerns, I can visit https://www.uncmedicalcenter.org/uncmc/patients-visitors/blood/, email platelet@unchealth.unc.edu, or call 984-974-8290. By signing below, I provide consent for my child to donate at UNC Blood Donation Center.

Donor name: _____

Parent/Guardian name: _____

Parent/Guardian signature/date: _____

Parent/Guardian phone #: _____

Verbal Consent

In the event that a signature cannot be obtained, a UNC Blood Donation Center staff member may contact a parent/guardian directly to obtain verbal consent.

Staff signature/date of call: _____