Information for Parents

Thank you for allowing your son, daughter, or ward to donate the gift of life. Please read the information below in addition to "A Student's Guide to Blood Donation," "Possible Use of Donor Information and Blood Samples in Medical Research," and any specific research-related study sheets.

A Healthy Approach to Donation

Healthy habits can improve the donation experience. Blood donors should eat a nutritious, well-balanced diet containing foods rich in iron and high in vitamin C. Before a blood donation, blood donors should get enough rest, eat a good meal, and drink plenty of fluids. After donating, we recommend that some donors, including donors 16 to 18 years old, take a multivitamin with iron to help replace the iron lost during their blood donation. We hope that a positive donation experience encourages your teen to become a lifelong donor!

Donor Screening

- We will conduct a confidential interview in which we will ask your son, daughter, or ward questions about his or her health and medication use, sexual behavior, travel, and other risk factors for infectious diseases.
- We will test every donation for HIV (the virus that causes AIDS), hepatitis B and hepatitis C viruses, and other infectious diseases. If any test result or response to a donor-screening question suggests that your son or daughter is disqualified from donating blood in the future or may have an infectious disease, we will mark his or her donor record accordingly. When required, we report donor
- information, including test results, to health departments and regulatory agencies. The tests are very sensitive and detect most infections, but it is also possible that donors who are not infected will have falsely positive results. We are required to notify and disqualify donors even if subsequent test results indicate the donor is not infected.
- Whole blood and red cell apheresis (Power Red) donors will also be tested for ferritin, a test for iron stores. Donors will be notified
- of ferritin test results that are outside our acceptable ranges. We will communicate test results that disqualify a donor from future donation directly with the donor. We maintain the
- confidentiality of information we obtain about a donor and we will release a donor's confidential information to his or her parents only with the donor's consent.

Whole Blood Donation

- Each donation uses a new, sterile needle to collect about a pint of blood from a vein in the donor's arm.
- Most donors feel fine before and after donating blood, but some donors may have a lightheaded or dizzy feeling; an upset stomach; a black and blue mark, redness, or pain where the needle was inserted; fainting or loss of consciousness and injury from related falls; or very rarely, nerve or artery damage. Young, first-time, and low-weight donors are more likely to experience
- Iron is lost through blood donations. Low iron, also known as iron deficiency, may lead to health problems, including anemia (not enough red blood cells or hemoglobin). Healthy iron levels are important for overall health, physical and mental development, and maintaining strength and energy. To help replace iron lost through blood donation, we recommend that some donors, including donors 16 to 18 years old, take a multivitamin with 18 mg of iron for 60 days after each whole blood donation or for For more information about iron and a healthy blood donation, please visit our Web site at <u>http://www.redcrossblood.org/iron</u>.
- If a donor chooses to take iron, we recommend that the donor tell his or her health care provider.

Apheresis

- Apheresis is a type of automated blood donation procedure in which we collect specific components of the donor's blood. We place
- a new sterile needle in one or both of the donor's arms and use a machine to draw blood and separate it into different parts. The desired blood components are removed while the remainder and extra fluids are returned to the donor. Apheresis has the same risks as whole blood donation (see above). In addition, citrate, used during apheresis to prevent blood
- clotting, may cause chills, tingling sensations, feelings of anxiety, tremors, muscle cramping, numbness, nausea, vomiting, and/or convulsions. Donors may be given oral calcium supplements during the apheresis procedure to manage these symptoms. Very rarely, donors can experience allergic reactions (for example, skin rashes, hives, localized swelling, and/or flushing), air in the

Red cell apheresis, also known as "Power Reds," is used to collect red blood cells. Red cell apheresis is not recommended for 16- and 17-year-old females. Red cell apheresis donations are limited to 16- and 17-year-old male donors. As with whole blood

- donation, iron is lost through apheresis donation. See "Whole Blood Donation" for information about iron and iron replacement. Apheresis can also be used to collect platelets or plasma. Repeated donation may result in iron depletion. The iron loss in five platelet or plasma apheresis donations is approximately equivalent to the iron loss in one whole blood donation. See "Whole
- Blood Donation" above for recommendations on iron replacement.

Research

- We may confidentially and anonymously use the information or leftover blood samples we collect from donors for medical research, such as research on ways to increase the safety of the blood supply.
- By giving your son, daughter, or ward permission to donate blood, you are also consenting to the use of the donation and donor
- In order for you to provide informed consent, you must go to https://www.redcrossblood.org/donate-blood/how-to-donate/infofor-student-donors.html and read "Possible Use of Donor Information and Blood Samples in Medical Research" and the research study sheets for your state before signing this parental consent. If you do not have internet access, please call the Donor and Client Support Center at 1-866-236-3276 for information regarding research studies being performed in your state.