INFORMED CONSENT FOR BLOOD DONATION

All donors must read this before signing the consent form

- I, of my own free will, volunteer and consent to participate as a donor in a blood donation procedure and I voluntarily donate my blood to Central California Blood Center to use in any way it deems advisable.
- I verify that I am at least 16 years of age (16 & 17 year olds must have parent/guardian written consent).
- I have read and understand Central California Blood Center's pre-donation information as it applies to the type of donation (platelets, plasma, or red cells) I am about to make and to my knowledge I have answered all questions truthfully and accurately.
- I understand the nature of the procedure to be insertion of a needle into my arm to collect blood.
- I am aware that my blood will be tested for diseases that could be transmitted through a blood transfusion. I understand there is a "window period" in which a person may be infected with a virus but not test positive for the disease. I am aware that the test results will be recorded. If the results are positive or questionable and could present a risk to my health, I will be notified by phone or by mail. My name may be placed on a permanent deferral list. My test results may be reported to health agencies as required by law. I understand that in some instances, such as when an insufficient sample is taken, testing for infectious disease is not possible, and as a result, the unit of blood may be discarded. I should not assume that my test results are negative if I do not receive notice, since testing cannot always be performed. I know or have been told that my blood will be tested for the presence of including, but not limited to, the Human Immunodeficiency Virus (HIV; the virus that causes AIDS), Hepatitis B, Hepatitis C, and syphilis. The tests have been explained to me, including their purposes, potential uses, limitations and the meaning of the results. I specifically consent to the performance of HIV-related testing. Information has been given to me about the prevention, exposure to and spread of HIV. I have also received information regarding the spread of HIV by the transfusion of blood and blood products. I verify that to my knowledge the use of my blood does not present a risk for the spread of any infectious disease, including HIV.
- I consent to related tests including testing with an investigational assay under an IND (Investigational New Drug, for example a new test for an epidemic or infection that has not yet been approved by the FDA), examinations, and procedures determined appropriate by Central California Blood Center.
- I have been advised of certain risks, including: light-headedness, dizziness, upset stomach, possible bruising, mild local pain, slight bleeding, the chance of a small scar, and slight chance of infection at needle puncture site.
- I am aware that during the course of the procedure, unforeseen conditions may occur, and authorize Central California Blood Center and its designees to perform such therapies or procedures as they determine to be necessary.
- I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of this procedure.
- I realize that I may withdraw my consent to the blood donation procedure and discontinue participation at any time.
- I understand all Central California Blood Center records are subject to inspection by the FDA and regulatory agencies.
- The procedure or treatment, including the anticipated benefits, material risks, and alternative therapies have been explained to me, and by my signature on the accompanying form, I give my consent and request that the blood donation procedure be performed on me, and I understand Central California Blood Center may confidentially and anonymously use the information or leftover blood samples collected from me for medical research, and I consent to such use of my donation.
- I understand that my personal contact information may be used by Central California Blood Center staff, volunteers, partner organizations, and other third parties on behalf of Central California Blood Center. I understand that Central California Blood Center may use my personal information, such as email, home address and phone numbers (included cellular telephone numbers, for calls and texts) to contact me regarding for purposes including donation follow up, lab results, wellness information, appointments, eligibility for future donation, Central California Blood Center programs and events. I further understand that Central California Blood Center may combine my personal information with demographic or geolocation data it gathers from other sources to analyze trends, develop marketing plans , and enhance future donation programs and events.
- **I have had the opportunity to ask questions of Central California Blood Center related to the blood donation procedure, and all questions have been answered to my satisfaction.**

Central California Blood Center