

Welcome New Donors

First time Michigan Blood donors **ONLY**

Unit ID

Birth Date

Please use ink and PRINT the following information:

		-			-				
--	--	---	--	--	---	--	--	--	--

Please sex:

Please your one main race/ethnicity: *

Female

Caucasian/White

Hispanic/Latino

American Indian

Decline

Male

African American/Black

Asian

Other

* Ethnic background is needed because special markers on blood cells run in certain ethnic groups and the information helps us find rare red blood cell donors.

Legal Last Name

Jr, Sr, I, II, etc

First Name

Middle Name or Initial (optional)

N/A

Other Last Names (Maiden, etc)

(If no other last names, check N/A box)

Street Address (Number, Street, Apt #)

P.O. Box

City

State

Zip Code

() Home Phone

() Work Phone

Ext

() Cell Phone - Pager

Current high school student, graduation year: _____

E-mail Address

Please return this completed form; it will remain confidential.

Blood Center Use Only:

BBCS #: _____

Group #: _____

Add 015 Recruit Result: NEW

BBCS Entry By: _____

Second Check By: _____

16 YEAR OLD BLOOD DONORS ONLY: Parent/guardian complete this section

This signed consent MUST be received prior to allowing your 16 year old to donate blood and will be in effect until his/her 17th birthday or until written notice is received withdrawing this consent.

My 16 year old, over whom I have legal authority, is correctly identified above.

I understand that by Michigan law and with my permission, my 16 year old may donate blood for the community supply. At the time of donation, Michigan Blood will review his/her medical history, perform a mini physical and take a few drops of blood to check red cell level. If eligible to donate, a unit of blood may be drawn.

I have reviewed the content of the Predonation Information and Donor Consent (on reverse) and give my permission for my 16 year old to sign the Donor Consent at the time of donation.

If my 16 year old is eligible, I give him/her permission to donate blood which includes all associated examinations, laboratory testing, procedures and reporting. I have no reason to believe my 16 year old should not donate. I understand that any positive laboratory testing performed on his/her blood up to their 17th birthday will be reported to both me and my 16 year old. Based on test results, follow-up testing may be required.

I understand that any urgent medical care needed as a result of donating will be given in a timely manner. I will be notified of that medical care; however, that notification may be after care is rendered.

Parent/Guardian Name (Please Print using ink pen)

Parent/Guardian contact telephone number(s)

Parent/Guardian Signature

Date

If you have any questions, call Michigan Blood at 1-866-642-5663 and ask to speak with Donor Services.

Thank you for giving your precious, life-saving gift!

Predonation Information:

- You should be at least 17 years old, or 16 years old with parental consent.
- You must be feeling well and weigh at least 110 pounds.
- Get plenty of rest, drink extra fluids and eat a good meal (including iron-rich foods) before you donate. If okay with your doctor and medical condition, eat more salty foods than usual 24 hours before you donate.
- You can donate whole blood every 56 days.
- You can donate special parts of your blood (platelets, plasma or red cells) through our apheresis program.
- Less than 5% of the eligible U.S. population donates blood regularly, yet over 75% will need blood sometime in their life. Every 3 seconds, someone needs blood.
- One whole blood donation can be used to help save up to three lives.
- Blood components have a short life span (platelets last only 5 days, red blood cells 42 days, and plasma 1 year, if frozen). The need for blood never takes a vacation.
- You cannot get HIV (the AIDS virus) or hepatitis from donating blood.

Please help us continue to save lives!

Donor Consent:

I voluntarily agree to donate my blood to be used as directed by Michigan Blood and if not needed locally, it may be used elsewhere. I give my permission for typing of my blood cells and for detailed laboratory testing of my blood, including testing for HIV (the AIDS virus), hepatitis, white cell antibody testing and investigational (research) tests related to blood safety. If a component of my blood is stored in a frozen state, I give my permission to perform whatever additional laboratory testing is required in the future to clarify past or future donation eligibility. There may be technical reasons (insufficient or broken sample tubes) which could result in my blood not being tested, my donation being discarded, or my being deferred for some or all products. Results of all testing will be stored in Michigan Blood files. If these tests indicate I should no longer donate blood or tissue, Michigan Blood will notify me and enter my name and deferral period on a list of deferred donors. Michigan Blood may need to contact me for follow-up questioning or testing. If my specific type is needed by a patient, I may be asked to donate, but I will have the right to refuse any such request. If I am at risk for spreading HIV, I agree not to donate blood or tissue.

I specifically authorize the disclosure (effective indefinitely) of the results of my tests, including tests for HIV, to Michigan Blood physicians or anyone physically exposed to my blood and any disclosure required by law. My records may be reviewed by regulatory agencies or test manufacturers, but if removed from the facility will not be able to be linked to me personally. I understand that by law certain confirmed positive test results (e.g. HIV, hepatitis B and C, and syphilis) must be reported to public health authorities. I also understand that abnormal tests of active military personnel will be forwarded to the military medical authority of the base to which I am assigned, as required by the Department of Defense.

Possible risks of blood donation include discomfort and bruising at the needle entry site, lightheadedness, and (rarely) fainting or seizures. Very rare complications of drawing blood include arterial puncture, peripheral nerve injury, local infection, and local blood clot.

I verify that all my responses are truthful and accurate as marked. I have reviewed and understood the information provided to me about blood donation and its possible risks, Donation Information, testing, AIDS, and the spread of HIV by blood or tissue. My questions regarding this information have been adequately answered.