

DEPARTMENT OF PATHOLOGY  
UNIVERSITY OF IOWA HOSPITALS AND CLINICS  
DeGowin Blood Center

16 Year Old Consent Form

Dear Parent:

Your son/daughter \_\_\_\_\_ is requesting permission to serve as a volunteer blood donor with the DeGowin Blood Center, which is affiliated with University of Iowa Hospitals and Clinics. Children who are at least 16 years of age are eligible to donate blood with written permission from their parent(s) or legal guardian. At age 17 they are allowed to sign consent for themselves for this purpose under the Mature Minors section of the Iowa Code.

The process for blood donation is safe and easy. Initially, the donor is screened to assure they are eligible for donation using a medical history questionnaire and a brief physical exam, which includes blood pressure, pulse, temperature and blood cell count(s). Once they are determined to be eligible for donation, blood will be withdrawn from the donor. This is done using a sterile, single-use blood collection set.

It is necessary for blood collected from donors to be tested for evidence of infections such as, AIDS, hepatitis, syphilis and other infections. The donor will be informed of positive test results and the implications of those results. Some of the testing will be used for research purposes, specifically testing for ZIKA Virus.

The risks associated with blood donation are low. It is possible to experience dizziness or lightheadedness during or following the donation process and in rare instances, fainting or loss of consciousness can occur. Other risks include pain or bruising at the venipuncture site, nausea, vomiting and muscle spasms. It is wise to eat and drink normally before and after donation.

Following the donation process your child will be asked to rest for at least 15 minutes. He/she will be offered liquids (juice, water, etc) to help replenish the volume that has been removed in the donation process.

Your signature below indicates that you have received and had an opportunity to review the attached Donor Information Sheet and Donor Screening Card.

I give my son/daughter \_\_\_\_\_ permission to donate blood.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_