



## **Directed Donor Consent**

Rock River Valley Blood Center (RRVBC) has informed me of some of the risks that are involved with giving blood for a specific patient as a directed donation.

RRVBC staff will review my medical history prior to my donation. This history includes questions of risks to infect others with an infectious disease, including Hepatitis B, Hepatitis C and HIV Human Immunodeficiency Virus (HIV). I understand that if I do not answer these questions truthfully, I may put the patient at risk for contracting a serious disease. I will be asked questions about drug use and any exposure to hepatitis or HIV. I will also be asked about specific sexual exposures.

RRVBC strongly recommends against having a male donor donate blood for a female who could have a child with that male. There is a risk of the newborn developing a serious blood disorder.

I am aware that directed donor blood from blood relatives will be irradiated to reduce the risk of Graft-versus-Host disease for an additional fee. The fee will be applied to the patient's transfusion costs at the hospital.

I understand that RRVBC will perform tests on my blood to detect Syphilis, Hepatitis B virus, HIV virus, Hepatitis C virus and any other testing as required by law.

If my medical history or tests performed on my blood indicate that I am unsuitable to be a directed donor, I will be notified and this information will be made available to me. I understand that my records will be held in strict confidence.

RRVBC will not reveal to the blood recipient or to the physician the reason that my blood cannot be used. There are many technical situations that can interfere with the availability of blood. The privacy of all donors must be protected and only the donor will receive test results.

Donors with positive tests will be kept on a confidential list of persons who may not give blood in the future. Public health departments have authority to require reporting and currently RRVBC is required to report positive tests for HIV, hepatitis and Syphilis. Information is not released to any other party without my written consent.

Even with precautions, a directed donation makes it impossible to maintain the usual mutual anonymity of blood donors and recipients. I release RRVBC from all liability resulting from the testing of my blood, from discovery for transfusion, or from my blood having been transfused.

My signature indicates that I understand the information above. I was given the chance to ask questions about it and was given satisfactory answers by RRVBC staff.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
DONOR

\_\_\_\_\_  
Please Print Name of Donor

Name of recipient/patient: \_\_\_\_\_

Blood Relative: Y N