

*Rock River Valley*

**BLOOD CENTER**

*Straight From the Heart*



## **Directed Donor Consent**

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

The 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 and Hepatitis C and Acquired Immune Deficiency Syndrome (AIDS). I understand that if I do not answer these questions truthfully, I may put the patient at risk for a serious disease. I will be asked questions about drug use and any exposure to hepatitis or AIDS. I will also be asked about certain sexual exposures.

The RRVBC strongly recommends against having a male donor give to a female who could have a baby with that male. There is the risk of for the newborn to develop a serious blood disease.

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

I understand that the RRVBC will perform tests on my blood to detect syphilis, Hepatitis B Virus, the AIDS virus, Hepatitis C Virus and any other testing required by law.

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

The RRVBC will not reveal to the blood recipient or to the physician the exact 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 may require reporting of positive tests for AIDS and hepatitis, as is currently required for the syphilis test. Information is not released to any other agency 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 the RRVBC from all liability resulting from the testing of my blood, or 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 the RRVBC staff.

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

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

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

Blood Relative: Y N