

PRE-DONATION TIPS

There are several things you can do before your donation appointment that will make your donation experience easy and comfortable.

- Get a good night's sleep before the blood donation.
- Eat breakfast or lunch. Do not donate on an empty stomach.
- Drink plenty of fluids. When you donate blood, your body loses about two cups of fluid. After the blood donation your body replaces the fluid almost immediately by drawing water into your blood from surrounding tissues.



WHAT TO EXPECT

Giving blood is easy!

Here is a brief glance at the blood donation process and what you can expect when you donate blood.

Welcome & Registration

- Provide name, address, phone number, etc. to LifeServe Blood Center staff.
- Drink a bottle of water prior to the donation.
- Read pre-donation informational materials.
- Complete health and travel history questionnaire in a private area.

Donor History Screening

- Review health and travel history questionnaire with LifeServe Blood Center staff.
- Check your temperature, blood pressure and heart rate.
- Give blood drop to determine hematocrit level.

Donation Area

- Relax on a comfortable chair in the donation area.
- Determine which arm you would like to use for donating blood.
- Listen carefully to the instructions from the LifeServe Blood Center staff.
- Squeeze a ball to keep the blood flowing.
- When the donation is complete, a bandage will be applied and the LifeServe Blood Center staff will provide you with post-donation instructions.

Snack Area

- Sit and relax while enjoying a snack and drink.

Congratulations! You're all done.
Enjoy your day knowing you saved a life.

IMPORTANT INFORMATION

To determine donor eligibility, we will:

- Ask questions about health, travel and medications.
- Ask questions to see if you may be at risk for hepatitis, HIV or AIDS.
- Ask questions about sexual contact (sexual contact may cause contagious diseases such as HIV to get into the bloodstream and can be spread through transfusions to others).
- Ask questions for behaviors and symptoms associated with HIV/AIDS risk (AIDS is caused by HIV. HIV is spread mainly through sexual contact with an infected person OR by sharing needles or syringes used for injecting drugs).
- Ask you if you have been diagnosed with Chronic Fatigue Syndrome by a medical physician.

During the blood donation procedure, you may experience the following:

- Dizziness, light-headedness or nausea. There may be slight pain, numbness, tingling, bruising or a red mark where the needle was inserted. Less common risks include fainting, muscle spasms or nerve damage.

For donors giving a double red cell or platelet donation:

- Common side effects may include an unusual taste in the mouth, feeling of warmth or chills. Less common risks may include hyperventilation, nausea, vomiting, light-headedness, fainting, difficulty breathing, pallor, muscle spasms, complications at the needle site, infection and air embolus.

WHAT TO EXPECT FOLLOWING YOUR DONATION:

Post-donation instructions you need to know:

- Keep the donation site dry and bandaged for six hours.
- Do not do any heavy exercise, lifting or pushing the rest of the day.
- Drink four extra eight ounce glasses of non-alcoholic liquid each day for the next two days.
- If you feel dizzy, sit or lie down where you are and use caution when returning to normal activities.
- Smoking within one hour of donation increases your risk of dizziness.
- If the needle site starts to bleed, raise your arm straight up and firmly apply pressure to the site for five minutes or until bleeding stops.

Always contact LifeServe Blood Center if arm conditions worsen or if you have specific care questions.
800.287.4903, ext. 4876

PARENTAL/GUARDIAN PERMISSION FORM

Dear Parent or Guardian:

LifeServe Blood Center, your community blood center, is pleased that your child is planning to donate blood (whole blood, double red cells or platelets). Your child is making a significant impact on the lives of those in need, as one pint of donated blood can help provide the gift of life to at least three different hospital patients. To be able to give blood, your child (age 16 or 17) must have your written permission, even if they are donating for their own planned surgical needs. Please sign this form below to provide consent for their blood donation. Foreign exchange "parents" may sign for their student.



There are different blood donation opportunities available. Donors may give a whole blood, double red cell or platelet donation. In a whole blood donation, the blood is drawn directly into a bag whereas double red cell and/or platelet donation is collected through an automated process where a machine separates out either the red cell or platelet component of the blood and returns the remaining blood components to the donor.

LifeServe Blood Center focuses heavily on the safety and quality of the community blood supply. **Individuals cannot get AIDS from donating!** The donation process is a safe procedure and all materials used in the procedure are new, sterile and designed for one use only. Following every donation, blood is tested for a variety of infections that can be transmitted by transfusion. These include HIV (the AIDS virus), hepatitis, syphilis and several other tests. A total of 14 different tests are performed on each unit of donated blood. Testing does not indicate the presence of alcohol, marijuana, steroids or other drugs in the blood. Anyone using these drugs should not donate for anyone else as their blood could harm the recipient.

Every donor, including your child, is required to sign the DONOR CONSENT prior to the donation procedure. The following is the wording used in the donor consent:

I have read and understand LifeServe Blood Center's donor education material as it applies to the type of donation (platelets, plasma, or red cells) I am about to make. To my knowledge I have answered all questions truthfully and accurately. I understand the information about the spread of the AIDS virus by blood and blood products. I agree not to donate blood or blood products for transfusion to another person or for further manufacture if I think I am at risk for spreading the AIDS virus. I voluntarily donate my blood to LifeServe Blood Center to use in any way it deems advisable. For that purpose I consent to related tests, examinations and procedures determined appropriate by LifeServe Blood Center. I understand that my blood will be screened for HIV (AIDS virus) and other disease markers. If this testing is positive and shows that I should no longer donate blood or blood products because of an abnormality or risk of transmitting a disease, I understand and agree that LifeServe Blood Center may tell me that by mail and put my name on a list of permanently deferred donors. If required by law, certain governmental health agencies may be notified. If test results determine this blood donation must be discarded, I will be notified by mail. These results may or may not affect my future status as a donor. There may be unforeseen circumstances when infectious disease testing may not be performed. I understand that trained personnel will insert a needle into my arm to collect my blood. The donation of blood is not completely risk free. I have read and understand these risks as presented in the donor education materials. I have been given the opportunity to ask questions and all the questions I have asked have been answered to my satisfaction.

PERMISSION FORM FOR THE MINOR DONOR:

My (son) (daughter) (ward) _____, date of birth _____, last four digits of social security number _____ a minor, has my consent and permission to make a donation of blood through LifeServe Blood Center, and for that purpose may sign the required consents and submit to the tests, examinations, procedures, reporting and notifications deemed necessary or appropriate in connection with blood donation. I have read the donor educational information and the donor consent and understand that donors are tested for the antibody to HIV (the AIDS virus). Positive test results will be communicated in written form to **BOTH** the minor and their guardian/parent. This consent shall be effective for this donation and all subsequent donations made by my (son) (daughter) (ward) until they are 18 years of age or until I withdraw my consent by sending a written notice to LifeServe Blood Center, Attn: Director of Donor Services, 431 East Locust, Des Moines, Iowa 50309.

PRINT PARENT/GUARDIAN NAME _____ RELATIONSHIP _____

PARENT/GUARDIAN ADDRESS (STREET) _____ (APT) _____

(CITY) _____ (STATE) _____ (ZIP) _____

SIGNATURE _____ DATE _____ PHONE _____