

Dear Parents or Guardians,

Your 16-year-old has expressed an interest in donating at an upcoming blood drive. Fortunately, New York State has recently allowed 16-year-olds to donate blood. While this has been an accepted policy for some time in other regions of the country, it is a new and exciting development in our region and we are asking for your support.

New York State requires that 16-year-olds receive written permission from their parent or guardian. So we need your assistance in helping us meet this requirement by completing the parental permission form.

Please read the attached forms: “What You Must Know Before Giving Blood” and “What You Must Know About NAT – A New Blood Test”. If you have any questions about the information contained in these documents, please call 1-800-215-1659, Monday through Friday from 8:00 AM to 4:30 PM.

We support each student’s willingness to give the “Gift of Life”, and ask that you offer your encouragement. Much like voting and driving a car, the opportunity to donate blood and save a life has become a right of passage for thousands of high school students. The choice to become a blood donor is a very personal decision, and we want to provide you some additional information about donating blood.

Blood donation is a safe procedure using a single-use sterile needle and supplies. **To ensure that your student has a positive experience, we recommend that they follow these guidelines:**

- **Have a good night’s sleep the night before the blood drive.**
- **Eat a well balanced breakfast and lunch the day of donation.**
- **Drink 16 oz. of caffeine-free fluid (2 cups) in the 2-4 hours before AND after donation.**
- **Avoid smoking for 30 minutes before donation.**
- **Be honest about their weight (donors must weigh at least 110 lbs.).**

We hope that you will encourage your student to support our blood drive. Since one blood donation can be separated into 3 components, your student has the potential to help save as many as 3 lives with a single donation.

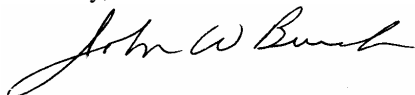
Please note that, in order to protect the blood supply, the FDA requires that donors are asked specific questions about their health history that are designed to protect the safety of the donor and the blood recipient. These questions are asked privately and are completely confidential. Please contact the school’s blood drive coordinator with any questions or concerns.

You should be very proud of your son or daughter’s decision to donate at the upcoming drive. ***Please help support this act of generosity by completing the permission form prior to the drive.***

If you are not currently a blood donor, please consider making an appointment yourself. For more information call 1-800-GIVE LIFE or visit our website at www.DonateBloodNow.org.

Thank you for your support.

Sincerely,



John W. Burch, M.D.,
Chief Medical Officer
Empire-Keystone Division

**New York State: Informed Parental Permission
For a 16-Year-Old To Donate Whole Blood**

I hereby grant my son, daughter, or ward _____, permission to help save
PRINT Student's Name
lives by donating whole blood to the American Red Cross, New York-Penn Region. I understand that I will be required to sign a permission form for each blood donation my student wishes to give until his or her 17th birthday.

I have received and read a copy of "What You Must Know Before Giving Blood" describing the overall blood donation process and "What You Must Know about NAT – A New Blood Test" describing additional test procedures and any research-related attachments. I understand the information provided to me and I have had an opportunity to ask questions about the information it contains.

Parent/Guardian Signature _____ Date _____

The Red Cross is required by New York State to inform the Department of Health of all donors with a confirmed positive HIV test. Any HIV positive donor will be asked to co-operate in contact notification activities including notifying any named contacts.

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of Parent/Guardian: _____

Home Address of Parent/Guardian: _____

Parent/Guardian Daytime Phone: _____ Evening Phone: _____

Student Name: _____ Student Date of Birth: _____

School Name and Town: _____

NOTE: This form, signed by the parent/guardian AND a Photo ID must be brought to the blood drive.

THANK YOU!

For Red Cross Use Only WBN: _____

What You Must Know Before Giving Blood

Together, we can save a life

Thank you for coming in today!

This information sheet explains how **YOU** can help us make the donation process safe for yourself and patients who might receive your blood. **PLEASE READ THIS INFORMATION BEFORE YOU DONATE!** You will be asked to sign a statement that says you understand and have read this information today. **If you have any questions now or anytime during the screening process, please ask blood center staff.**

Accuracy And Honesty Are Essential

Your **complete honesty** in answering all questions is very important for the safety of patients who receive your blood. We will ask you for identification each time you try to donate. Please register using the same identifying information each time you donate (name, date of birth, etc.). **All information you provide is confidential.** Although your interview will be private, it may require more than one American Red Cross employee to participate in or be present at your health history and blood donation.

What happens when you give blood

To determine if you are eligible to donate we will:

- ask questions about your health, travel, and medicines
- ask questions to see if you might be at risk for hepatitis, HIV, or AIDS
- take your blood pressure, temperature, and pulse, and
- take a small blood sample to make sure you are not anemic.

If you are able to donate we will:

- cleanse your arm with an antiseptic. **(If you are allergic to Iodine, please tell us!),** and
- use a new, sterile, disposable needle to collect your blood.

While you are donating:

 (the donation usually takes about 10 minutes)

- you may feel a brief “sting” from the needle at the beginning.

After donating we will give you

- a form with post-donation instructions, and
 - a number to call if you have any problems or decide after you leave that your blood may not be safe to give to another person.
-

What to expect after donating

Although most people feel fine before and after donating blood, a small number of people may have a(n)

- lightheaded or dizzy feeling
- upset stomach
- black and blue mark, redness, or pain where the needle was, and
- very rarely, loss of consciousness, or nerve or artery damage.

We will give you a number to call to report any problems or concerns you may have following your donation.

Why we ask questions about sexual contact

Sexual contact may cause contagious diseases like HIV to get into the bloodstream and be spread through transfusions to someone else.

Definition of “sexual contact”:

The words “have sexual contact with” and “sex” are used in some of the questions we will ask you, and apply to any of the following activities, whether or not a condom or other protection was used:

- vaginal sex (contact between penis and vagina)
 - oral sex (mouth or tongue on someone’s vagina, penis, or anus), and
 - anal sex (contact between penis and anus).
-

Continued on back

What You Must Know Before Giving Blood, Continued

Persons who should not donate

You should not give blood if you

- had hepatitis on or after the age of 11
 - had malaria in the past 3 years
 - met any of the conditions listed in the CJD Information Sheet
 - were held in a correctional facility (including jail, lock up, prison, or juvenile detention center) for more than 72 straight hours in the last 12 months.
 - have had sexual contact in the past 12 months with anyone who is sick with hepatitis or AIDS
 - had or were treated for syphilis or gonorrhea or tested positive for syphilis in the last 12 months
 - were raped in the last 12 months
 - **have AIDS or have ever had a positive HIV test**
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.
 - **done something that puts you at risk for becoming infected with HIV**
You are at risk for getting infected if you
 - have ever used needles to take drugs, steroids, or anything not prescribed by your doctor
 - are a male who has had sexual contact with another male, even once, since 1977
 - have ever taken money, drugs, or other payment for sex since 1977
 - have had sexual contact in the past 12 months with anyone described above
 - received clotting factor concentrates for a bleeding disorder such as hemophilia
 - were born in, or lived in, Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Niger, or Nigeria, since 1977.
 - since 1977, received a blood transfusion or medical treatment with a blood product in any of these countries, or
 - had sex with anyone who, since 1977, was born in or lived in any of these countries.
 - **have any of the following conditions that can be signs or symptoms of HIV/AIDS**
 - unexplained weight loss (10 pounds or more in less than 2 months)
 - night sweats
 - blue or purple spots in your mouth or skin
 - white spots or unusual sores in your mouth
 - lumps in your neck, armpits, or groin, lasting longer than one month
 - diarrhea that won't go away
 - cough that won't go away and shortness of breath, or
 - fever higher than 100.5 F lasting more than 10 days.
-

Ineligible donors

We maintain a confidential list of people who may be at risk for spreading transfusion-transmitted diseases. By continuing this process, you consent to be entered in this confidential list of deferred donors if you are at risk for spreading such diseases. When required, we report donor information, including test results, to health departments, military medical commands, and regulatory agencies. Donation information may also be used confidentially for medical studies.

WE ARE REQUIRED BY NEW YORK STATE LAW TO INFORM THE DEPARTMENT OF HEALTH OF ALL DONORS WITH A CONFIRMED POSITIVE HIV TEST. ANY HIV POSITIVE DONOR WILL BE ASKED TO COOPERATE IN CONTACT NOTIFICATION ACTIVITIES; INCLUDING NOTIFYING A SPOUSE OR OTHER NAMED CONTACTS.

If you decide not to give blood

If you decide that you should not give blood, you may leave now.

Testing your blood

Your blood will be tested for hepatitis, HIV (the virus that causes AIDS), syphilis, and other factors. (There are unusual circumstances in which these tests cannot be performed.) You will be notified about test results that may disqualify you from donating blood in the future or that may show you are unhealthy. Your blood will not be used if it could make someone sick. (A sample of your blood or a portion of your donation might be used now or in the future for additional tests or other medical studies. Please tell us if you object.)

Though the tests we use are very good, they are not perfect. HIV antibodies may take weeks to develop after infection with the virus. If you were infected recently, you might have a negative test result, yet be able to infect someone. That is why you must not give blood if you are at risk of getting AIDS or other infectious diseases. **If you think you may be at risk for HIV/AIDS or want an HIV/AIDS test, please ask for information about other testing facilities. Please do not donate to get tested for HIV, hepatitis, or any other infections!**

Travel to or birth in other countries

Blood donor tests may not be available for some contagious diseases that are found only in certain countries. If you were born in, have lived in, or visited certain countries, you may not be eligible to donate.

WHAT YOU MUST KNOW ABOUT NAT A New Blood Test

THANK YOU FOR COMING IN TODAY

The American Red Cross (ARC) is dedicated to continually improving the safety of the nation's blood supply. That's why we are performing a new type of test, Nucleic Acid Testing (NAT), to detect viruses and other agents in the blood. This new testing method is part of a blood safety study, authorized by the Food and Drug Administration (FDA). NAT has been under study by ARC and most blood collection organizations since 1999. Today you are being asked not only to donate your blood to help you, or someone else, but also to allow Red Cross to test your blood donation using NAT for new tests for detecting HIV, Hepatitis B and C Viruses and West Nile Virus.

PARTICIPATION IN THE STUDY

As with donating blood, participation in the blood safety study is entirely voluntary. But, because we believe that NAT may be important for blood safety, it is Red Cross policy that all donations, including donations made for yourself, must be tested by NAT for HIV and Hepatitis C Virus. NAT for Hepatitis B Virus and West Nile Virus may be performed only on a limited number of blood donations in order to clarify your test results (for Hepatitis B Virus) or your geographic location in the United States (for West Nile Virus). As the West Nile Virus study progresses, we will move to testing all donations.

You may refuse to participate now, or at any time during the donation process. If you decide not to participate, please notify the blood collection staff now. You will not be able to donate today. If you begin donating and then decide not to participate in NAT, you must notify the blood collection staff before you leave the collection site.

If you decide not to participate at this time, you may leave now. Your decision will not change your future relationship with the Red Cross.

By signing your Blood Donation Record you are giving consent to participate in NAT. Participation in NAT does not require any additional blood to be collected from you or any additional time. We will simply perform our current routine tests and NAT on your blood sample. You will be notified in person, by phone or letter, about any abnormal test results and provided with information on how these test results may affect your health and future eligibility as a blood donor.

NEW TECHNOLOGY

Agents that your blood may be tested for by investigational procedures using NAT include HIV, Hepatitis B and C Viruses and West Nile Virus.

- HIV causes AIDS.
- Hepatitis B and C Viruses cause liver disease.
- West Nile Virus causes a mild, flu-like disease in the majority of individuals; less than 1 % have an inflammation of the brain.

If you are positive for a virus for which your blood sample was tested, you will be contacted and the positive NAT result explained to you. If your NAT result is positive, the plasma from your donation may be used to confirm the result.

SAMPLE STORAGE

Some of your sample may be saved frozen for testing in the future for other viruses or agents that may be carried in the blood. Each new test will be evaluated by a committee that will consider your rights as a research participant. Your sample will not be used for genetic testing or any other testing unrelated to this research without your consent.

PARTICIPATION IN FOLLOW UP STUDY

If any of your NAT results for a specific virus are positive and indicate early infection, we will contact you to ask if you are willing to answer some questions and provide additional blood samples. Participation in the follow up study is voluntary and of no cost to you. It is important that you participate in the follow up study, if your NAT result is positive, to understand better the meaning of the initial test results, and in the case of West Nile Virus, to become reinstated as a blood donor.

BENEFITS OF PARTICIPATION

Using NAT, you may find out sooner if you have been infected with one of the viruses for which testing is being performed. This may be important for early treatment. In addition, by participating in the program, we believe you may also help to increase the safety of the nation's blood supply.

RISKS OF PARTICIPATION

If you participate, there is a very low chance that your blood sample may give a positive result, which may be "false positive" or a true positive. If this happens, the blood that you donate will not be used for transfusion, you will be placed on a donor deferral list and there is the likelihood that you may not be able to donate again. However, if you have a positive test result for West Nile Virus on your donation, you will be able to donate again if additional testing performed as part of the follow up study confirms that your infection has cleared and that you have developed antibodies that protect you against West Nile Virus.

Additionally, if you are a directed donor (donating for a specific patient) and have a positive result from this new test, the blood donation you make today will not be available for the recipient. If you are an autologous donor (donating blood for yourself) and have a positive result from this new test, the blood donation you make today may not be available for you.

CONFIDENTIALITY

We will ensure that personal information regarding test results will be kept strictly confidential. While study results may be published, donor names and other identifying information will not be revealed, except as required by law.

WE ARE REQUIRED BY NEW YORK STATE LAW TO INFORM THE DEPARTMENT OF HEALTH OF ALL DONORS WITH A CONFIRMED POSITIVE HIV TEST. ANY HIV POSITIVE DONORS WILL BE ASKED TO COOPERATE IN CONTACT NOTIFICATION ACTIVITIES; INCLUDING NOTIFYING SPOUSE AND OTHER NAMED CONTACTS.

Records are kept as required by State and Federal Laws. FDA may need to review and copy your records in order to verify study data. The FDA however, is committed not to reveal the donor's identification.

CONSENT

Your signature on the Blood Donation Record (BDR) will indicate your consent to participate in NAT as part of your donation.

QUESTIONS

If you have any questions about NAT, please feel free to ask the ARC staff member performing your confidential health history interview. If you have questions later, you can contact the Blood Center number listed on the Post Donation and Call-Back Sheet given to you at the completion of your donation.

If you have any questions regarding NAT, you can call the researcher, Dr. Susan Stramer at (301) 212-2801. If you have any questions about rights as a participant in research, call the American Red Cross Institutional Review Board Administrator at (301) 738-0630.

You will be given a copy of this information sheet to keep.