

## INFORMED CONSENT

I am voluntarily donating blood through the Kentucky Blood Center (KBC) to be used as it deems appropriate, including resource sharing. I understand I must meet all donor selection standards to donate. I understand my arm will be scrubbed with antiseptic solutions in the area where the needle will be placed to collect a unit of blood or blood products. Although blood donation is generally safe, adverse reactions such as allergic reactions to the arm scrub solutions, discomfort, bruising, hematoma, arterial trauma, or nerve damage; and/or vasovagal reactions such as dizziness, fainting, nausea and/or involuntary muscle contractions, during or after donation, sometimes occur. To reduce the risk of vasovagal reactions, I agree to remain on the donor bed for a minimum of five minutes after the procedure is completed, and will not leave the bed until I am feeling well and have been released by a KBC staff member. I understand, for my safety, I am to remain in the canteen area having refreshments for a minimum of 10 minutes. If I am feeling well after that, I understand I may leave. If a KBC staff member gives me any instructions or information that differ from the procedures set forth above, I agree to ask to speak with a supervisor. I understand if I donate frequently, I may deplete my iron stores, which can be replaced by taking supplemental iron. If KBC is performing therapeutic phlebotomy for me, I understand that it will be provided free of charge, even if I am ineligible as a blood donor.

If I am donating blood or blood products for transfusion to another person or for further manufacture, I have read and understand the information provided to me regarding infectious diseases transmitted by blood, and the signs and symptoms of human immunodeficiency virus (HIV/AIDS), all of which present potential risk to the safety of the blood supply. If I am potentially at risk for spreading the viruses known to cause AIDS or other potential risks to the blood supply, I agree not to donate blood or blood components for transfusion to another person or for further manufacture. I understand that, under Kentucky law, if I am at high risk for HIV or have HIV or have tested confirmatory positive for HIV or any other known causative agent for blood-borne communicable disease but donate anyway, or if I give false information to the staff of KBC regarding any aspect of my personal history that would affect my suitability as a donor, I may be guilty of a Class D felony. I understand and have truthfully answered all the questions asked during the history screening and will truthfully answer any follow-up questions. I agree that I will withdraw from the donation process if I believe my blood is not safe for transfusion.

If I am donating for transfusion or for further manufacture, I understand that my blood will be tested for HIV, hepatitis, syphilis, other retroviruses or infectious agents, and other tests as indicated. If any of the tests are reactive, the sample will be tested further. If this testing or my donor information indicates that I should not donate blood or blood components because of a risk of transmitting the AIDS viruses, or other diseases, I will be informed of the reason and length of deferral, and my name will be entered on a confidential list of deferred donors. Infectious diseases will be reported to state and local health departments, as required by law. A sample of my plasma/serum may be used in clinical trials.

If I am unable to donate today, the reason(s) for deferral and the deferral period length will be explained to me.

By providing any telephone number, I am consenting to receive calls and communications from KBC, including text messages, at that number in order to provide additional information related to my blood donation and to inform me of donation opportunities.

If I have questions, I understand it is my responsibility to ask KBC staff, until my questions are answered to my satisfaction. I have provided true and accurate information to the best of my ability and am voluntarily consenting to the blood donation procedure.

My electronic signature operates as my legal signature and indicates that I have read, understand and agree to all the above information and have had all my questions answered.

