

I have volunteered to be a whole blood donor. I understand that there is a limit to the number and types of components that I can donate each year.

The hazards of the procedure include the following: 1) Complications such as a hematoma (bruise), localized infection at the venipuncture site, nerve or tendon injury, thrombophlebitis, or delayed and/or excessive bleeding from the needle site; 2) Vasovagal symptoms including severe sweating, nausea, vomiting, light headedness, fainting, or seizures. These symptoms may vary from mild to life threatening.

I understand that my blood will be tested for evidence of infectious diseases. I understand that these tests include but are not limited to: hepatitis, HIV, and other infectious agents that may be spread to the person who may receive a transfusion of my blood. I understand that I will be notified of an abnormal result, and if required by law, these results will be reported to authorities. I understand that under certain circumstances this testing may not be performed (e.g. the blood I donated cannot be used due to an unexpected event in processing).

I agree not to donate if I feel that my lifestyle puts me at risk for being exposed to or contracting infectious hepatitis and/or the AIDS virus. I understand that I may call back after my donation if I feel that I need to notify someone that I may be in a high risk group.

I have had an opportunity to ask questions about this procedure. I understand the blood donation process, and the risks of the procedure. I have had a chance to refuse to donate. I certify that I have answered all questions truthfully regarding my travel history, present and prior illnesses, symptoms and physical conditions. I voluntarily donate my blood to Garth Englund Blood Center (part of University of Colorado Health) to use at its discretion.