

UNIFORM DONOR INFORMED CONSENT

I have reviewed and acknowledge the blood donor eligibility information. **I acknowledge** that on rare occasions medical complications may be associated with giving blood. These include, but are not limited to, bruising, infection, nerve injury, dizziness, fainting, or nausea. **I acknowledge** and agree that I will not donate blood if I have any reason to believe that my donation could pose a risk of transmitting infectious diseases, including HIV or otherwise adversely affect the safety of any recipients, including any risk factors or conditions identified during the donor screening process and as described in the educational material.

I am 17 years of age or older (16 years of age with parental written consent) and I am voluntarily donating my blood to the Central California Blood Center for use as it deems advisable. **I acknowledge** that the primary use of my blood donation will be for transfusion purposes but may also include further processing and/or research.

I acknowledge that my blood will be tested for infectious agents capable of being spread by transfusion, including but not limited to, syphilis, hepatitis B and C, HTLV I/II virus, HIV virus, West Nile Virus (WNV), Chagas Disease, and may be tested for Parvo Virus. **I acknowledge** that I will be notified of positive test results that are important to my health or affect my eligibility to donate blood. If I am deferred, the Central California Blood Center will attempt to notify me of the reason for my deferral and the length of time I am not eligible to donate. I also understand that the Central California Blood Center will maintain records identifying me as ineligible, including the reason for my deferral and the applicable time period. Should there be any circumstance(s) preventing an acceptable quality or amount of my blood for testing, **I acknowledge** that my blood will not be tested.

I acknowledge that blood positive for any test or infections will not be used for transfusion.

I acknowledge the names of donors confirmed positive for syphilis, hepatitis B and C, HIV, or West Nile Virus will be reported to the County Health Department. If my blood tests are not clearly negative, my blood will not be used.

I acknowledge that I may disqualify myself either before donating, at the time of verbal interview or after donation by calling the Donor Deferral Phone Number.

The donation process has been explained to me, all questions have been answered to my satisfaction, and I have read the donor educational material.

I have answered all questions truthfully and to the best of my knowledge, to provide protection for me as a donor and for the safety of the person who receives my blood.

Informed Consent consistent with DF-012 (03/2026)