



**MAKE A
CONNECTION
THAT COULD
DOUBLE
YOUR
IMPACT.**

SUMMER STEP-UP
GIVE BLOOD

**JULY
26**

1:00 PM - 7:00 PM

WOLVERINE HUMAN SERVICES

@ Gym

**APPOINTMENTS
PREFERRED.**

Questions? Please contact
1-866-MIBLOOD (642-5663)
or miblood.org.

**SUMMER
STEP-UP!**

We earn \$10 for every
person who attempts to
donate if we meet our
drive goal.
Sign up today!



Michigan Blood

1-866-MIBLOOD (642-5663) | MIBLOOD.ORG

Welcome New Donors (First time Michigan Blood donors ONLY)

Please use ink and PRINT all information:

Birth Date: _____ - _____ - _____
Month Day Year

Please ☒ gender: ☐ Female ☐ Male

Legal Last Name (include Jr, Sr, I, II, etc.) _____ Other Last Names (maiden, etc.) _____ First Name _____ Middle Name or Initial (optional) _____

Street Address (Number, Street, Apt #, P.O. Box) _____ City _____ State _____ Zip Code _____

Please ☒ your one main race/ethnicity: (Ethnic background is needed to help us find rare red blood cell donors.)

☐ Caucasian/White ☐ African American/Black ☐ Hispanic/Latino ☐ Asian ☐ American Indian ☐ Other ☐ Decline

(_____) (_____) (_____) _____
Home Phone Work Phone Ext Cell Phone

E-mail Address _____

Current high school student, graduation year: _____

Staff Use Only: BBCS #: _____ Group #: _____ BBCS Entry By: _____ Second Check By: _____

16 YEAR OLD BLOOD DONORS ONLY: Parent/guardian complete this section

This signed consent will be in effect until his/her 17th birthday or until written notice is received withdrawing consent.

My 16 year old, _____, over whom I have legal authority, is correctly identified above.

I understand that by Michigan law and with my permission, my 16 year old may donate blood for the community supply. At the time of donation, Michigan Blood will review his/her medical history, perform a mini physical and take a few drops of blood to check red cell level. If eligible to donate, a unit of blood may be drawn.

If my 16 year old is eligible, I give him/her permission to donate blood which includes all associated examinations, laboratory testing, procedures and reporting. I have no reason to believe my 16 year old should not donate. I understand that any positive laboratory testing performed on his/her blood up to their 17th birthday will be reported to both me and my 16 year old. Based on test results, follow-up testing may be required.

I understand that any urgent medical care needed as a result of donating will be given in a timely manner. I will be notified of that medical care; however, that notification may be after care is rendered.

I, _____ (Parent/Guardian Name - please print using ink pen),
have reviewed the **Donor Acknowledgement** (below) and give my permission for my 16 year old to donate blood and sign the donor form to indicate acknowledgement at the time of donation.

Parent/Guardian Signature _____ Date _____ Parent/Guardian contact telephone number(s) _____

Parent/Guardian Street Address (Number, Street, Apt #, P.O. Box) _____ City _____ State _____ Zip Code _____

Donor Acknowledgement:

I am voluntarily donating blood to Michigan Blood, and authorize Michigan Blood to use or transfer my blood or blood components for any purpose it deems appropriate, including transfusion, research, or commercial purposes. I understand that if not needed locally, my blood may be used elsewhere. I give my permission for typing of my blood cells and for detailed laboratory testing of my blood, including testing for HIV (the AIDS virus), hepatitis, white cell antibody testing and investigational (research) tests related to blood safety. If a component of my blood is stored in a frozen state, I give my permission to perform whatever additional laboratory testing is required in the future to clarify past or future donation eligibility. There may be technical reasons (insufficient or broken sample tubes) which could result in my blood not being tested, my donation being discarded, or my being deferred for some or all products. Results of all testing will be stored in Michigan Blood files and may be accessed by Michigan Blood staff as needed to determine eligibility status. If these tests indicate I should no longer donate blood or tissue, Michigan Blood will notify me and enter my name and deferral period on a list of deferred donors. Michigan Blood may need to contact me for follow-up questioning or testing. If my specific type is needed by a patient, I may be asked to donate, but I will have the right to refuse any such request. If I am at risk for spreading HIV, I agree not to donate blood or tissue.

I specifically authorize the disclosure (effective indefinitely) of the results of my tests, including tests for HIV, to Michigan Blood physicians or anyone physically exposed to my blood and any disclosure required by law. My records may be reviewed by regulatory agencies or test manufacturers, but if removed from the facility will not be able to be linked to me personally. I understand that by law certain confirmed positive test results (e.g. HIV, hepatitis B and C, and syphilis) must be reported to public health authorities. I also understand that abnormal tests of active military personnel will be forwarded to the military medical authority of the base to which I am assigned, as required by the Department of Defense.

Possible risks of blood donation include discomfort and bruising at the needle entry site, lightheadedness, and (rarely) fainting or seizures. Very rare complications of drawing blood include arterial puncture, peripheral nerve injury, local infection, and local blood clot.

I verify that all my responses are truthful and accurate as marked. I have reviewed and understood the information provided to me about blood donation and its possible risks, Donation Pamphlet, testing, AIDS, and the spread of HIV by blood or tissue. My questions regarding this information have been adequately answered.

If you have any questions, call Michigan Blood at 1-866-642-5663 and ask to speak with Donor Services.