



Informed Consent for Donation of Platelets, Red Blood Cells and Plasma by Automated Collection Methods

I hereby volunteer and consent to serve as a donor for blood components by automated collection methods (also called apheresis). The component collected may be one or a combination of the following:

- **Platelets**, which help control bleeding.
- **Red Blood Cells** that carry oxygen throughout the body.
- **Plasma**, the liquid portion of blood that also helps control bleeding.
- **White Blood Cells** (also called Granulocytes) that help fight infection.

I have read and understand the information presented to me including **Information and Instructions for Your Blood Donation**, and **Use of Donor Information, Blood, and Blood Samples in Research**.

The automated collection procedure, its risks, benefits and alternatives have been explained to me.

I agree that if I have ever had my spleen removed, I will inform staff and will not donate platelets.

I understand that there are limitations to the number and types of components that can be donated per year.

I understand that a small amount of anticoagulant (citrate) is added to the blood to prevent clotting and some will be returned to me and I may also receive saline during the procedure.

I desire to participate of my own free will. I understand that I may withdraw from this donation at any time, without penalty. I have had the opportunity to request further explanation from a medical professional. I understand that, at any time, I am free to ask additional questions.

If you would like a copy of this informed consent, please ask one of our staff.

Donor Name: **(Print)** _____

Donor Name: **(Signature)** _____ Date: _____

Completed by Vitalant Staff (optional): Collection Site Code: _____ DIN: _____