

Reference: C.01.064 Donor Registration

Your 17-year old son/daughter has expressed interest in donating blood. We hope that you support and encourage your son/daughter's decision to save lives and help others through the act of donating blood.

We Are Blood is participating in a research study to evaluate a new test for detection of **Zika virus** in donated blood. While donors may legally consent in the state of Texas to blood donation at age 17, donors must be at least 18 years of age OR have permission from a parent (or legal guardian) to participate in research studies.

Please read the attached Zika Virus Research Information sheet carefully and in its entirety to help you make an informed decision regarding your son/daughter's participation.

What is Zika virus?

Zika is a virus that's primarily spread through the bite of an infected mosquito (*Aedes aegypti* and *Aedes albopictus*). Many people infected with Zika will have no symptoms or only mild symptoms that last several days to a week. However, Zika infection during pregnancy can cause a serious birth defect called microcephaly and other severe fetal brain defects. Guillain-Barré syndrome (GBS), a temporary but serious nervous system disorder causing paralysis, may also be triggered by Zika virus.

Why are we concerned about Zika virus?

Central Texas is in a geographic region where the species of mosquito responsible for transmitting the Zika virus is found. Because people can be infected with Zika virus and have no symptoms of illness, there is concern that Zika virus could be transmitted to a patient through blood transfusion.

Why are we testing for Zika virus?

Our donor center is testing for Zika virus to:

- Protect the safety of the blood supply for Central Texas patients
- Enable Central Texans who may unknowingly be infected with Zika virus to seek appropriate medical care at the earliest possible time.

For questions about blood donation, the attached Zika Virus Research Information sheet or this parental consent form, you may call us at **512-206-1136** between 9am and 4pm, Monday through Friday, or email us at **whocandonate@inyourhands.org**.

Should you consent to your child's participation in the study, please sign the consent below and have your child return this form on the day of their donation.

STATEMENT OF CONSENT

I confirm that the purpose of the research, the study procedures, the possible risks and discomforts, and potential benefits have been explained to my satisfaction. All my questions have been answered. I have read all the pages of Zika Virus Research Information sheet and this consent form, or they have been read to me.

I understand that participation in this study is voluntary and my signature below indicates my legal authority and permission to allow my son/daughter to participate in this research study. If I choose not to sign this form, my son/daughter will not be able to participate in this study or donate blood.

Printed Name of Son/Daughter

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date