Join the Blood Drive. Give Blood. Save Lives.

To donate blood, a person must be at least 18 years old (or 17 with a parent's permission) and show photo identification. New blood donors must weigh at least 120 pounds and be in good health. Prior donors must weigh at least 110 pounds with no complications during previous donations.

Wait 3 months after a tattoo/permanent makeup if it was applied in a state that does not regulate tattoo facilities. Currently, only a few states, including Wyoming, DO NOT regulate tattoo facilities.

Piercings are acceptable as long as the instruments used were single-use equipment and disposable (which means both the gun and the earring cassette were disposable). Wait 3 months if reusable equipment was used.

Preparing for a Successful Blood Donation

Rest. Be sure to get a good night's sleep prior to donating, and try to schedule before or several hours after exercising.

Hydrate. Start hydrating at least 24 hours prior to your donation appointment. Choose water, juice, or sports drinks to help make your veins easier to locate, and to replenish fluid volume lost during your donation. Avoid drinking alcohol or caffeine (e.g., coffee, soda, energy drinks) for 24 hours before your donation.

Eat well. Eat a well-balanced meal within four hours leading up to your donation appointment. Avoid fatty foods as they may affect the blood you donate. Increase your diet in iron-rich foods between donations to maintain your proper iron levels.

When You Come to the Collection Site

Staff members will guide you through the process and answer your questions.

The donation process takes 30–45 minutes. This includes the time needed to fill out health history and consent forms.

The rest of the process includes having your vitals taken, and undergoing a finger-stick test to check that your volume of red blood cells or hemoglobin level meets our requirements, and that donating is safe for you.

The actual drawing of a pint takes 5–10 minutes.

After Your Donation

Enjoy a snack and rehydrate! Rest for around 10 minutes before leaving to make sure that you feel fine.

Safety and side effects of donation

Sterile materials are used and discarded safely after onetime use on the donor. This is for the safety of the person who receives the blood, as well as the safety of the donor, and the staff collecting the blood.

Within a few days of a blood donation, your body replaces the lost fluids. And after two weeks, your body replaces the lost red blood cells.

Although severe side effects are rare, temporary reactions can occur, including weakness, dizziness, feeling faint, lightheadedness, nausea, bleeding from the needle prick, and bleeding under the skin or bruising.

Some ways of minimizing these effects after donation include drinking plenty of fluids and eating well-balanced meals over the next 24–48 hours.

Hemoglobin and Iron

Because your donation contains red cells, you will lose some iron. Those most at risk of developing iron deficiency due to blood donation are:

- Young donors 17–25 years old.
- Menstruating females.
- Frequent blood donors (twice a year for women and three times a year for men).

Replenish the iron lost in donation with a daily iron supplements and/or eat foods rich in iron like red meat, fish, shellfish, green leafy veggies, beans, peas, nuts, dried fruit, and iron-fortified breads and cereals.

Garth Englund Blood Center Laboratory Services

1025 Pennock Place, Suite 104 Fort Collins, CO 80524

970.495.8965



Parent or Guardian: Please Read

Your daughter/son wants to voluntarily donate blood. Your written consent is required for your 17-year old (individuals under 17 are not eligible) to donate blood. Please complete the form at the bottom of the page. If you are the guardian of the youth who wishes to donate, legal proof of guardianship must be submitted along with the minor release form.

Please review the front side of this flyer for details regarding the donation process and potential risks as well as reviewing the Statement of Health and Consent that your daughter/son will be asked to sign (on the right).

Additional Potential Adverse Effects include, but are not limited to low blood pressure, muscle contractions, breathing difficulty, fainting, vomiting, convulsions. These effects are more likely to affect younger donors, those with low weight, and individuals who are donating for the first time.

—Staff Only— Donor ID _____ Entered into ElDorado _____

Garth Englund Blood Center Statement of Health and Consent

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.

Minor Consent Donor Release Form (Please use a pen to fill out)

Having read the information regarding the donation process and donation risks included in the Statement of Health and Consent, I/we hereby give our daughter/son, who is at least 17 years of age, permission to donate blood to UCHealth Garth Englund Blood Center.

Minor's Full Legal Name (printed)	
Parent/Guardian Name (printed)	
Relationship to Donor	
Signature of Parent/Guardian	Date/Time

