

You can donate at any of these locations or at a mobile drive.

Headquarters

6211 IH 10 West at First Park Ten
San Antonio, TX 78201
(210) 731-5555
(800) 292-5534

Northeast Donor Room

8527 Village Drive, Suite 106
San Antonio, TX 78217
(210) 249-4450

Shavano Donor Room

4079 N. Loop 1604 West, Suite 102
San Antonio, TX 78257
(210) 736-8920

Victoria Donor Room

1109 Sam Houston Drive
Victoria, TX 77901
(361) 576-3651
(800) 442-7770

Southeast Donor Room

3158 SE Military Dr., Suite 104
San Antonio, TX 78223
(210) 736-8971

Westover Hills Donor Room

10555 Culebra, Suite 107
San Antonio, TX 78251
(210) 736-8934

New Braunfels Donor Room

The Marketplace
651 N. IH 35, Suite 830
New Braunfels, TX 78130
(830) 625-5401

southtexasblood.org



Students Donating for Life

Dear Parent or Guardian,

Each year, your teenager's high school partners with South Texas Blood & Tissue Center, a Texas nonprofit corporation, to help save lives by hosting blood drives at his/her school. By becoming a volunteer blood donor, your teenager will be showing great civic responsibility, maturity and a sense of community pride. We hope you encourage your teenager to take part in the lifesaving act of giving blood, and we invite you to join him/her in giving the gift of life!

Find information on our Honors Cord Program on the Students section of our website: www.southtexasblood.org.

Be sure to check out our eDonor page on the Internet. Donors now can make appointments to donate, find out when they last donated and look for upcoming drives. Log on to the South Texas Blood & Tissue Center website (www.southtexasblood.org) and select Give Now.

Website: southtexasblood.org

Search keyword: **connectforlife**

Join us on:

Facebook at Connect for Life

Twitter @connectforlife



South Texas Blood & Tissue Center
A SUBSIDIARY OF BIOBRIDGE GLOBAL

General Information About Blood Donation

South Texas Blood & Tissue Center determines the suitability of all blood donors and blood donations based on a mini-physical examination (wellness check), confidential interview and infectious disease testing.

Blood Donor Suitability

The safety of both the donor and the patient who might receive the donor's blood is our most important consideration. Steps in the blood donation process include:

- Fulfilling basic donor requirements of:
 - ◊ Being at least 16 years of age on the day of the donation
 - ◊ Weighing at least 120 lbs for 16-year-old donors, or 110 lbs for 17-year-olds and older, on the day of the donation
 - ◊ Bringing a valid picture ID on the day of the donation. Acceptable forms include:
 - Driver’s license
 - Credit or bank card with photograph
 - Current student identification card
 - High school blood donors without identification from the above list may use a current high school yearbook picture.
- Remember to wear clothing with sleeves that can be raised above the elbow.
- Establishing donor eligibility in a confidential interview, which includes questions about the donor’s medical history and activities that may have caused exposure to infectious agents such as the viruses that cause HIV/AIDS, hepatitis or West Nile Virus.
- Checking the donor’s heart rate, temperature, blood pressure and hematocrit level (a measure of the percentage of red cells in the body).
- Using new, sterile and disposable equipment to draw approximately one pint of blood.
- If the donor qualifies for a double red cell donation by automated technology, blood will be drawn into a sterile, disposable system and mixed with a small amount of anticoagulant. The system separates the different components of the blood, collects the red cells and returns the remaining blood along with sterile saline to the donor. An additional consent will be given to your teenager to sign.
- Testing for hepatitis B and C, Chagas, WNV, HIV, syphilis and other infectious diseases. This testing is normally completed within a few days of donation.

Reactions to Donating Blood

While the blood donation process is normally a pleasant experience, it is possible that short-term side effects may occur, such as dizziness, fainting, skin irritation or bruising. Although unlikely, it is possible for the following to occur: bruising around the vein, infection in the area or nerve damage during or after the donation. If automation is used, side effects of the anticoagulant may occur, such as muscle cramps, numbness, chills or a tingling sensation. If these side effects occur, calcium carbonate (e.g. TUMS® or equivalent) may be provided, which will diminish the effects. Very rarely, severe reactions can occur with complications. If your teenager experiences a severe reaction while donating blood that requires further medical care, you will be contacted at the phone number you list on the attached consent.

Preventing Reactions

- We want your teenager’s donation experience to be productive and enjoyable! Here are a few tips:
- Get a good night’s rest before donating.
 - Drink 8 glasses of noncaffeinated beverages (water, fruit juice) both 24 hours before and after donating.
 - Eat a full meal within four (4) hours before donating.
 - Avoid strenuous physical activity (including after-school activities) on the day of donation.

Phone Numbers

For questions regarding the donation experience or test results, call the Donor Advocacy Department at 210-731-5555 (800-292-5534), ext. 2243, or email donoreligibility@southtexasblood.org. For post-donation information regarding the safety of your donation, call the Quality Assurance Department at 210-731-5555 (800-292-5534), ext. 2414.

Your son/daughter will be asked to read and sign the following donor consent on the day of donation:

Phlebotomy is the process of withdrawing blood from a vein. I am voluntarily consenting to the phlebotomy procedure for the donation of blood. I have had the opportunity to refuse the phlebotomy procedure and understand I may discontinue the procedure at any time. I certify I have truthfully answered all questions regarding my present and prior illnesses, symptoms and physical conditions. I understand by not disclosing all pertinent information, I could put myself at risk for complications or place others, who may receive my blood, at risk as a result of this donation.

I understand I SHOULD NOT DONATE blood if I am at risk for HIV/AIDS or hepatitis (refer to “Blood Donor Suitability”). If I think I am at risk for spreading the virus known to cause AIDS or other infectious diseases, I agree not to donate blood or other blood products. I understand it is a misdemeanor under Texas law to donate blood knowing that I have tested positive for or have been diagnosed as having AIDS. I agree to call the blood center if I feel there is a reason my blood should not be used for transfusion.

I understand my blood samples will be tested for HIV (the AIDS virus), hepatitis and other diseases. Some samples may be used for unlicensed tests or used for quality control/research purposes. If test results indicate I should no longer donate, I will be permanently deferred. I understand a reasonable effort will be made to notify me of abnormal results, which may be reported to authorities, as required by law. If I am a minor, I understand any abnormal results will be sent to, and/or discussed with, my parent(s) and/or legal guardian(s).

I understand there are known COMPLICATIONS associated with donating blood. Although uncommon, complications may occur at the site where the needle was inserted and may extend beyond my arm and cause systemic complications throughout my body. Localized complications include: pain, soreness, vascular injury, bruising, redness, tissue scarring, swelling, bleeding and localized infections. Systemic complications may include: systemic infections, lightheadedness and/or fainting, which may result in injuries if I fall or I am driving.

I also understand that rarely, severe reactions to a phlebotomy procedure may have long-term or permanent effects, including but not limited to damage to nerve or muscle around the phlebotomy site, which may result in numbness, pain or localized paralysis and may require the need for extended medical treatment. I have received and agree to abide by the Post Donation Instructions.

I acknowledge the procedure has been explained. I have had the opportunity to discuss the risks and have had all my questions answered. I understand the blood I donate today may be used for transfusion to a patient or for any other medical purpose.



Parental Informed Consent for Student Donation

STBTC USE
Revision Seven

STBTC USE
BUI Number

Complete the following consent ONLY if the student is 16 years old or older on the date of donation OR if requested by your school. Please print in blue or black ink only. Reproduce on white paper only.

Please bring this portion to the blood drive.

Parent or Guardian:
I certify that I have read pages one through three and fully understand the above consent and information provided. I have asked and had my questions answered regarding the donation of blood and/or blood components, and I have the legal authority to permit and consent to my son/daughter donating blood. I permit and give my consent to my son/daughter signing the above-described donor consent form and to donating his/her blood and/or blood components to South Texas Blood & Tissue Center. I give this consent freely, voluntarily and without reservation, with the understanding that if my son/daughter would like to donate blood, he/she will be required to complete a health history questionnaire and to go through a screening process and thereafter donate blood or blood components. I understand that I will be notified if my son/daughter experiences a severe reaction while donating blood and/or blood components that requires further medical care and treatment and I authorize the performance of such care for my son/daughter. I also understand that if I have questions regarding my son’s/ daughter’s donation experience or test results, I can call South Texas Blood & Tissue Center’s Quality Assurance Department at 210-731-5555, (800-292-5534), ext. 1672. Finally, I understand that the school, school district and/or the owner of the property (collectively, the “Host Facility”) where the blood drive is taking place is not involved in any way, other than to permit the use of its facilities, and therefore I hereby release, remise and fully discharge the Host Facility from any and all liability, claims, damages and/or causes of action arising out of, related to, or deriving from my son’s/daughter’s participation, either through donation or otherwise, in the South Texas Blood & Tissue Center’s blood drive.

Minor’s Full Legal Name (print) _____ Date of Birth _____
 Mailing Address: _____
 Parent/Guardian Name (print) _____
 Relationship to Minor (print) _____ Contact Number (for reactions requiring medical care) _____
 Parent/Guardian Signature _____ Date _____
 I confirm that the consent given based on the above signature is that of my parent/legal guardian
 Donor (Minor) Signature _____ Date _____

May STBTC contact you (donor) through social media? No Yes If yes, print donor e-mail here or provide text # with area code.