

UNIVERSITY OF ARKANSAS AT MONTICELLO (UAM)
College Athletic Training Department
Sickle Cell Trait Testing

About Sickle Cell Trait

- Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
- Sickle cell trait is a common condition (> three million Americans).
- Although Sickle cell trait is most predominant in those of African, Mediterranean, Middle Eastern, Indian, Caribbean and South and Central American ancestry, persons of all races, sex and ancestry may test positive for sickle cell trait.
- Sickle cell trait is usually benign, but can be life-threatening, especially during intense, sustained exercise. Hypoxia (lack of oxygen) in the muscles may cause stickling of red blood cells (red blood cells changing from normal disc shape to a crescent or “sickle” shape), which can accumulate in the bloodstream and “logjam” blood vessels, leading to rhabdomyolysis which is a collapse from the rapid breakdown of muscles starved of blood. For more information on Sickle cell: http://web1.ncaa.org/web_files/health_safety/SickleCellTraitforSA.pdf

Sickle Cell Trait Testing

- The NCAA mandates that all NCAA student-athletes have knowledge of their sickle cell trait status before the student-athlete participates in any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc.
- UAM Athletics offers sickle cell trait screening in the form of a blood test to all student-athletes for a nominal fee through our team Physicians office. It usually takes a week to receive the testing results. (Results must be received before being allowed to participate)
- Testing will be conducted at Physicians office and through a local designated laboratory facility and results will be reported to the student-athlete, Athletic Training Staff, and the team physicians.
- If you have already been tested for sickle cell trait, please provide a copy of the written results to the Athletic Training Department.
- Many kids were tested at birth; you may obtain those birth records from the hospital in which you were born.
- If you have not been previously tested and do not agree with being tested, please review the waiver below.

SICKLE CELL TRAIT TESTING WAIVER

I, _____ hereby agree as follows:
Student-Athlete Name (Printed Name)

1. I understand and acknowledge that the NCAA and UAM mandates that all student-athletes have knowledge of their sickle cell trait status and be provided an opportunity for testing. Additionally, I have read and fully understand the aforementioned facts about sickle cell trait and sickle cell trait testing and understand that information is available at http://web1.ncaa.org/web_files/health_safety/SickleCellTraitforSA.pdf
2. I understand that sickle cell trait does not prohibit me from participating in intercollegiate athletics. I recognize that ascertaining any true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced. I hereby affirm that I have fully disclosed in writing any prior medical history and including any knowledge of sickle cell trait status to the UAM Athletic Training and Medial Staff personnel.
3. I do not wish to undergo sickle cell trait testing as part of my pre-participation physical examination. To the maximum extent permitted by law, I release, forever discharge, indemnify and hold harmless, the University of Arkansas, UAM, its Athletic Training Department, Team Physicians, Board of Trustees, and their current and former officers, employees and agents from any and all costs, liabilities, expenses, claims, damages, actions, or causes of action whatsoever arising out or related to any loss, personal injury, damage or property loss related to my waiver of this recommended testing. I am fully aware of the risks and hazards associated with refusing this testing. This is binding on me, my heirs, assigns and personal representatives. I acknowledge that I am 21 years of age or older, or, if I am not, my parent or guardian has also signed this waiver.
4. I have carefully read this document before signing it. My participation in intercollegiate sports at UAM is voluntary and, prior to choosing to sign this I had an opportunity to consult with my parents, an attorney or counsel of my choice. I further state that I am at least 21 years of age, or if not, my parent/guardian has also signed, and of sound mind.
5. I understand that the NCAA and UAM Athletic Training Department recommended that I undergo sickle cell trait testing.

Student-Athlete Signature: _____ DOB: _____ Date: _____

Sport(s) Participating in: _____

Parent/Guardian Signature: _____ Date: _____
(if student-athlete is under 21 years of age)

Parent/Guardian Printed Name: _____

Witness Signature: _____ Date: _____