

Informed Consent for admission to the Swiss Blood Stem Cell Foundation Register

I have read the information sheet and have been given the opportunity to ask questions. Any questions have been answered to my complete satisfaction.

I authorise the Zurich Blood Donor Service SRC to store my personal data and to forward them encrypted to the Swiss and international stem cell registries.

I agree to the Zurich Blood Donor Service SRC contacting me by telephone to ask if I am willing to donate platelets when my tissue type is compatible with a patient with tissue antibodies.

I agree to the storage of samples of my blood or blood components and their use for compatibility tests or their use for research in the field of transplantation medicine. The donor's identity of this biological material remains anonymous.

I agree that the Zurich Blood Donation Service may contact me when my tissue type matches a patient's and that a second blood sample will be taken for the purpose of confirmation. I take notice that bone marrow donations will be performed in the designated centres of Basel, Geneva or Zurich.

I am aware that I may withdraw my details from the Swiss stem cell register at any time. I promise to inform you immediately, especially if I have already been selected for a patient, if I am no longer willing or able to donate.

I confirm that I am not already registered as a stem cell donor elsewhere.

I confirm the accuracy of my personal details stated below and I agree to the storage of this information by the Zurich Blood Donor Service SRC. To keep my details up-to-date, I will notify you of any changes, especially if I move or change my telephone numbers. If I forget to notify you, I give you permission to contact my local registration office for my current details.

This form will be stored at the Zurich Blood Donor Service and will not be forwarded to the other registries mentioned above.

Place/Date: _____ Signature: _____

Surname: _____ Name: _____ Date of Birth: _____

Donor Number: _____

Street: _____ Postal Code/City: _____

Phone/Home: _____ /Mobile: _____

/Work _____

Email: _____