

Blutspende SRK Schweiz AG Tel. +41 (0)31 380 81 81 tx-coordination@blutspende.ch www.blutspende.ch

INFORMED CONSENT PATIENT

Donor Search

Patient Data			
Surname:		First name:	
Date of birth (c	ld/mm/yyyy):		

You need blood stem cells from an unrelated donor for the purpose of treating your illness.

There are people all over the world who have joined one of the circa 700 "donor registries", declaring their willingness to donate blood stem cells.

Data relating to you – meaning, your surname, first rame, sex and date of birth as well as data on your state of health and tissue markers – is required for the search for a suitable blood stem cell donor in Switzerland or another country

- Swiss Transfusion SRC is subject to a Swiss Federal Act on Data Protection (FADP). My
 data will be processed in Switzena.
- After a transplant procedure my data will be stored in accordance with the legal requirements
- For the purposes of an international search for an unrelated donor of bone marrow or of peripheral blood stem self or for a cord blood unit, my data will be sent to foreign donor registries, i.e. including to puntries that do no not have data protection legislation comparable to that a Switzerland and where data protection is not ensured to the same degree
- Should I have process about my data being transmitted to a certain country, I can discuss these with my foctor before the donor search starts
- I have be light to request the transplant centre to inform me, at any time, about the stored data concerning me. If I do so, the transplant centre must notify me of all data concerning me contained in a data file
- My right to have my data deleted is restricted due to the medical necessity to ensure traceability and the necessity to collect certain data for transplantation-safety purposes (monitoring of risks and traceability)

I consent to the use of the personal data relating to me named above for the national and international search for an unrelated donor of bone marrow or of peripheral blood stem cells or for a cord blood unit, and I consent to the required transmission of data to other countries.

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.ch/de/datenschutz-blutstammzellspende

Date and signature of patient or of the legal representative:

Date: Signature: Signature: Legal representative's name / relationship to patient

Data protection provisions

Further information:

https://www.blutstammzellsp