BLUTSPENDE SRK SCHWEIZ
TRANSFUSION CRS SUISSE
TRASFUSIONE CRS SVIZZERA
SWISS BLOOD STEM CELLS

Blutspende SRK Schweiz AG
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Informed consent for related and unrelated donors of peripheral blood stem cells

SURNAME: ..... FIRST NAME: .....

GRID / RELATED-ID:

I have been informed that I am a suitable donor for a patient needing a blood stem cell transplant and that this treatment could cure the patient's disease. I agree to volunteer to donate peripheral blood stem cells (PBSC) for this patient. In particular, I confirm the following points:

- I have received written and verbal information about PBSC donation.
- I have received written and verbal information about the potential side effects and risks of PBSC donation and of blood stem cell mobilisation using G-CSF.
- I have read the Donor Information* and have understood its contents.
- I have had ample opportunity to ask questions. My questions were answered to my satisfaction and I had enough time in which to make my decision.
- I have been informed about the scheduled donation-related tests (in particular for infections such as HIV, hepatitis, and syphilis, as well as pregnancy, if applicable).
- I have been made aware of my right of access to the test results.
- I am aware that I must comply with the instructions given in the Donor Information (such as donation fitness, and reporting changes in my health). The donation physician may exclude me from donating at any time in the interests of my health.
- In particular, I undertake to inform my donation physician immediately about any adverse changes in my health, side effects of PBSC mobilisation or other medication that I may be taking.
- I understand that I have the right to refuse consent or withdraw my previously granted consent. This entails no disadvantages for me. However, if no blood stem cells can be transfused, this may have serious health repercussions – up to and including death – for the intended patient of my blood stem cells if the preparatory chemotherapy and possibly radiotherapy are already far advanced or have been completed.
- I am providing my blood stem cells free of charge. These blood stem cells are to be used exclusively to treat the predesignated patient at home or abroad.
- I agree that should a donation yield more than the optimal or desired number of blood stem cells, part of the donation may be frozen in liquid nitrogen to be made available for the patient later if needed.
- I have been informed that individual blood samples will be stored long-term after donation to resolve issues relating to this specific transplant and directly relevant to the patient, that may come to light at a later time.

*Donor Information in German, French or Italian: «Spenderinformationen für verwandte Spenderinnen und Spender von Blutstammzellen» or «Spenderinformationen für unverwandte Spenderinnen und Spender von Blutstammzellen»

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- It has been explained to me that after the patient's transplant, genetic tests are performed to monitor new blood stem cell growth or possible disease recurrence. In very rare cases, this may yield results that could possibly be relevant for me and my relatives. Swiss Transfusion SRC AG will inform me accordingly if such results become known. In such a case, I would like to be informed about the results:

  ☐ inform me in all events

  ☐ inform me if the results are important to my or my relative's health, in accordance with the current state of medical knowledge

  ☐ do not inform me under any circumstances

  Please tick one of the three options for information on eventual results.

- I am aware that the Swiss Transplantation Act and its ordinances require all PBSC donors to be followed up for 10 years after donation.
- It has been explained to me that I may be asked to re-donate bone marrow, PBSC or lymphocytes at a later date for the same patient.
- I am aware that Switzerland applies a policy of anonymity between **unrelated** donor and patient.
- I confirm that it has been explained to me that I can make no demands of the patient, their family or the attending medical staff. Conversely, no additional requests can be made of me.

Swiss Transfusion SRC is subject to the Swiss Federal Act on Data Protection (FADP). I have been informed that in connection with the preparation for the donation, data relating to me that has been pseudonymized (name replaced with a combination of multiple-digit numbers) will be used nationally and internationally, i.e. including in countries that do no not have data protection legislation comparable to that of Switzerland and where data protection is not ensured to the same degree. This data includes a donor identification number, sex, date of birth and information about my state of health and tissue markers. I can find more information on data protection at www.blutstammzellspende.ch/datenschutz (QR code: see below). If I have any questions, I can also contact datenschutz@blutspende.ch at any time.

- By signing this document, I consent to the transmission of the personal data specified above to international patients for the purposes described.

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I hereby declare that I agree to donate peripheral blood stem cells voluntarily.

DONOR SIGNATURE:
Minors: Parents or guardians

.....

CITY, DATE: .....

- Relevant ethics committee approval exists for a minor donor (if applicable)

DONATION PHYSICIAN SIGNATURE (Name in upper case, signature):

.....

CITY, DATE: .....

Further information on the data protection provisions (in German, French, Italian):

blutspende.ch/datenschutz