



## Informed consent for related and unrelated donors of lymphocytes

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

GRID / RELATED-ID: .....

I have been informed that I am a suitable donor for a patient needing a transplantation of donor lymphocytes and that this treatment could help to cure the patient's disease. I agree to volunteer to donate lymphocytes (DLI) for this patient. In particular, I confirm the following points:

- I have received written and verbal information about DLI donation.
- I have received written and verbal information about the potential side effects and risks of the collection of lymphocytes.
- 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 restrictions 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 or any additional 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 lymphocytes can be transfused, this may have serious health repercussions for the intended patient of my lymphocytes.
- I am providing my lymphocytes without remuneration. These lymphocytes are to be used exclusively to treat the predesignated patient at home or abroad.
- I agree that 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: «Spenderinformation für unverwandte Spenderinnen und Spender von Blutstammzellen» or «Spenderinformationen für verwandte Spenderinnen und Spender von Blutstammzellen»



- 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 donors of lymphocytes 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, peripheral blood stem cells 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 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](http://www.blutstammzellspende.ch/datenschutz) (QR code: see below). If I have any questions, I can also contact [datenschutz@blutspende.ch](mailto: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.



BLUTSPENDE SRK SCHWEIZ  
TRANSFUSION CRS SUISSE  
TRASFUSIONE CRS SVIZZERA

**SWISS BLOOD STEM CELLS**

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**I hereby declare that I agree to donate lymphocytes 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):



[www.blutstammzellspende.ch/datenschutz](http://www.blutstammzellspende.ch/datenschutz)