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

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

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 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 instructions given in the Donor Information (such as eligibility to donate, 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 patient intended to receive my lymphocytes.
- I am providing my lymphocytes without remuneration. These lymphocytes are to be used exclusively to treat the predesignated patient in Switzerland or abroad. For **related** donors, the collection center may inform about additional options.
- 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.

* Website donor-info.ch in German, French or Italian: «Spendeinformation für unverwandte Spenderinnen und Spender von Blutstammzellen» or «Spendeinformationen für verwandte Spenderinnen und Spender von Blutstammzellen»

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

- It has been explained to me that after the patient's transplant, genetic tests may be 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 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 any case

  ☐ inform me if the results are important to my health or the health of my relatives, 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 any possible 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 Swiss law (transplantation and data protection). Your personal data will be kept strictly confidential. For the preparation and follow-up of the donation, your donor identification number and relevant pseudonymized health data may be used nationally and internationally, including being shared with the European Society for Blood and Marrow Transplantation (EBMT). This may include countries that do not have data protection laws comparable to Switzerland, where data security may not be guaranteed to the same extent.

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

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

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):

- QR Code
- www.blutstammzellspende.ch/datenschutz

If I have any questions, I can also contact datenschutz@blutspende.ch at any time.