



Informed consent for confirmatory typing and for additional tests

Your tissue markers match those of a patient. Before a possible donation can take place, your tissue typing results must be verified by confirmatory typing. In conjunction with this, your blood will be tested for the most important transmissible diseases, e.g. hepatitis and HIV, and your blood group will be determined.

Informed Consent

I authorise
to draw a sample of my blood for confirmatory typing and additional tests for a patient in Switzerland or abroad. The tests will take place in Switzerland and abroad.

I also consent that the blood (or blood components) drawn from me as part of the confirmatory typing may be stored and used for other tests in the interests of further developing transplant medicine or of mapping genetic variability in the population. The biological material will be stored in pseudonymised form (my name will be replaced by a multi-digit combination of letters or numbers).

Swiss Transfusion SRC is subject to Swiss law (transplantation and data protection). My personal data will be treated strictly confidential for the search for an unrelated donor of bone marrow or peripheral blood stem cells for a patient; my pseudonymised data may be used nationally and internationally. 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. This data consists of a donor identification number, my sex and my birth date, as well as information concerning my state of health and my tissue markers. By signing below, I consent to the transmission of my personal data as detailed above to international data recipients for the purpose described.

Furthermore, I am aware that I can withdraw my participation as a blood stem cell donor in the database of Swiss Transfusion SRC at any time. If I am a possible donor for a specific patient but am not available or no longer willing to donate bone marrow or peripheral blood stem cells, I will make this known at the earliest possible time. I am aware that withdrawing my consent after the start of pre-transplant preparatory treatment can have grave (life-threatening) consequences for the patient.



SURNAME: FIRST NAME:

DATE OF BIRTH: (Day, Month, Year)

GRID:

DATE:

SIGNATURE:.....

PREVIEW ONLY



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.