



## Donor 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 testing 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 mapping genetic variability in the population. This biological material will be stored in pseudonymized form (my name will be replaced by a multi-digit combination of letters or numbers).

Swiss Transfusion SRC is subject to the Swiss Federal Act on Data Protection (FADP). It has been explained to me that data about me, in pseudonymised form, will be used in the search for an unrelated donor of bone marrow or peripheral blood stem cells for a patient, and that this use will take place both in Switzerland and in other countries, including countries that do not have data protection legislation comparable to that of Switzerland and in which the security of the data is not safeguarded 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 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. I can find further information on data protection (in French, German and Italian) at [www.blutstammzellen.ch/datenschutz](http://www.blutstammzellen.ch/datenschutz) (QR code below). If I have questions, I can contact [datenschutz@blutspende.ch](mailto:datenschutz@blutspende.ch) at any time.

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 recipient.



BLUTSPENDE SRK SCHWEIZ  
TRANSFUSION CRS SUISSE  
TRASFUSIONE CRS SVIZZERA  

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SWISS BLOOD STEM CELLS

Blutspende SRK Schweiz AG  
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tx-coordination@blutspende.ch  
www.blutspende.ch

SURNAME: .....

GIVEN NAME:

DATE OF BIRTH: .....(Day, Month, Year)

GRID: .....

DATE: .....

SIGNATURE: .....

Data protection provisions:



[www.blutstammzellen-spende.ch/datenschutz](http://www.blutstammzellen-spende.ch/datenschutz)

PREVIEW ONLY