



Consent to umbilical cord blood donation to a public cord blood bank

I voluntarily agree to donate my child's umbilical cord blood for storage in a public cord blood bank and to make it available for blood stem cell transplantations worldwide.

I have understood the contents of the documents "*Information on Public Cord Blood Donation*", "*Haemoglobinopathy Test*", and "*Use of Health-Related Data and Samples*" and I agree to the conditions stated there regarding the handling and storage of the cord blood donation. I had the opportunity to ask questions, and all my questions were answered. I had enough time to make my decision about donating.

In particular, I agree to:

- inform the maternity hospital if my child or I become ill within two weeks after birth.
- inform the maternity hospital later in life about any serious illnesses affecting my child or me.
- donate the cord blood free of charge and transfer ownership of the cord blood unit to the public cord blood bank.
- provide a blood sample for infectious disease testing.
- allow the HLA tissue typing of the blood stem cells.
- allow a genetic test for haemoglobinopathies to be performed on the cord blood before it is used for a transplantation.
- have the data related to the cord blood donation recorded and stored in pseudonymized form in the database of Swiss Transfusion SRC.
- allow the cord blood donation to be stored as long as it is needed for the planned medical purpose.
- allow the cord blood bank, Swiss Transfusion SRC, and their authorized laboratories to use data from my samples in anonymized form for statistical analysis, including analysis of HLA tissue types.
- inform the cord blood bank of any changes to my contact information.

I am aware that:

- the cord blood donation is voluntary.
- I can withdraw my consent at any time before the donation is collected, without giving a reason.
- I have the right to access all test results.
- the cord blood bank does not make a profit from my donation.
- after a transplantation, genetic tests may be performed on the recipient, and I will be informed if these tests reveal important information about risks for my child. This happens very rarely.
- after a transplantation, individual blood samples from the donation may be stored for a long time.



- Swiss Transfusion SRC is subject to Swiss law (transplantation and data protection). My personal data and my child's data will be treated strictly confidential. For the preparation and follow-up of the donation, the cord blood 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.
- my samples and data will be stored in accordance with legal requirements.

**If you are willing to donate your child's umbilical cord blood,
please complete page 3 of this consent form.**



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.



I have understood all the information described above. In particular, I agree to the collection, processing, testing, and long-term storage of the cord blood unit and the associated data and documents. Furthermore, I consent to the transfer of the encrypted data to international recipients for the purposes described.

I agree to donate my child’s umbilical cord blood for storage in the public cord blood bank and to make it available for blood stem cell transplantations worldwide.

I am aware that cord blood is also being researched for other clinical uses. Any use of the cord blood for new treatments would require my new and voluntary consent.

- **Contact:** The cord blood bank may contact me at a later time if my donation could be suitable for a new clinical use. Yes No
 After receiving information about the new medical treatment, I will decide freely whether my cord blood may be used for this purpose.

If my cord blood donation does not meet the quality criteria for a stem cell transplantation, the donation may be used for the following purposes:

- **Quality control** in the cord blood bank Yes No
- **Research projects**, approved by an ethics committee Yes No

My personal data:

Last name: First name:

Date of birth (DD MM YYYY):

Date: Signature:

Confirmation by collection staff:
 By signing below, I confirm that the mother has consented to the cord blood collection and that the consent form has been fully completed.
 Last name: First name:



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Date: Signature:

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