**CONTACT DETAILS DONOR CENTER**

Address of donor center

Doctor’s surname and first name

**DONOR DETAILS**

*Donor’s surname and first name:*

*Date of birth: Blood group (if known):*

*National register number/Identity card number: Ethnicity:*

*Donor's full address:*

*Donor’s contact details:*

*Tel. (home):……………………………. Tel. (work):…………………………………………….*

*Mobile:*

*E-mail:*

Your signature below confirms that you have read this document. Please indicate whether you agree or disagree with each of the statements.

|  |  |  |
| --- | --- | --- |
| I am still a candidate to voluntarily donate stem and wish to continue being registered in the bone marrow registry. | [ ]  YES | [ ]  NO |
| I have understood the information and have received satisfactory answers to my questions. | [ ]  YES | [ ]  NO |
| I am prepared to give additional blood samples in the context of a voluntary stem cell donation. The tests requested will be decided by the transplant center of the recipient. | [ ]  YES | [ ]  NO |
| I give consent for my data to be used in an anonymous way in the search for a suitable stem cell donor, for both Belgian and international patients. | [ ]  YES | [ ]  NO |
| I know that the typing will be treated as confidential. | [ ]  YES | [ ]  NO |
| This consent form is given voluntarily and deliberately, after having been informed.  | [ ]  YES | [ ]  NO |
| Together with the doctor, I will complete a medical questionnaire to re-assess my physical suitability as a donor. | [ ]  YES | [ ]  NO |
| I confirm that all information in the consent form for registration in the registry of voluntary unrelated stem cell donors is unchanged:* If not: explanation:

……………………………………………………………………………… | [ ]  YES | [ ]  NO |

I hereby declare that I have read this document and received sufficient information:

[ ]  I have received a copy of the general donor information letter.

[ ]  I have received a copy of the information letter about donor expenses and anonymous communication.

[ ]  I have received a copy of this consent form.

***Signature of the donor Signature of the doctor***

*Place: Place:*

*Date: Date:*

Completed in 2 originals:

* 1 for the candidate donor
* 1 for the records