

CONSENT TO RELEASE PERSONAL INFORMATION TO DONOR

Recipient ID#:

I PURPOSE

The purpose of this form is to obtain your written consent to release your personal information to your stem cell donor. Your consent is voluntary and Canadian Blood Services will only release the personal information you have identified as part of this consent. All other personal information about you and your relationship with Canadian Blood Services' Stem Cell Registry will remain confidential. If you decide not to release your personal information, your decision will not affect your relationship with the registry in any way.

Please note that Canadian Blood Services will not release a stem cell recipient's personal information to the donor until 12 months after the stem cell transplant has occurred. If you receive a subsequent stem cell from your donor during this 12 month period, the 12 month waiting period for the release of personal information will begin from the date of your last stem cell transplant.

II RELEASING YOUR PERSONAL INFORMATION

There may be potential consequences to releasing your personal information to your donor, including, but not limited to:

1. Contact from the donor or the donor's representatives. You will no longer be anonymous and Canadian Blood Services cannot prevent calls, letters, visits or requests once your personal information has been released.
2. Personal stress or other impacts on you.
3. Unwanted attention, for example contact from the media regarding your stem cell transplant.
4. Your donor may choose not to respond; there is no guarantee that your personal information will be acted upon.
5. Requests for compensation from your donor.

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III PERSONAL INFORMATION TO BE RELEASED

Please check 'yes' or 'no' to the personal informational listed below. For any box checked 'yes', please complete the information in the accompanying box. Only the personal information checked 'yes' will be released to the donor.

<input type="radio"/> Yes <input type="radio"/> No	First Name:
<input type="radio"/> Yes <input type="radio"/> No	Last Name:
<input type="radio"/> Yes <input type="radio"/> No	Sex: <input type="radio"/> Male <input type="radio"/> Female
<input type="radio"/> Yes <input type="radio"/> No	Age:
<input type="radio"/> Yes <input type="radio"/> No	Address:
<input type="radio"/> Yes <input type="radio"/> No	City:
<input type="radio"/> Yes <input type="radio"/> No	Province:
<input type="radio"/> Yes <input type="radio"/> No	Postal Code:
<input type="radio"/> Yes <input type="radio"/> No	Phone Number:
<input type="radio"/> Yes <input type="radio"/> No	Email Address:

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IV CONSENT

By providing your consent you are agreeing to the release of your personal information, as indicated in this form, to your stem cell donor. You understand the potential consequences of releasing your personal information and that Canadian Blood Services cannot retract this information once it has been released to the donor or the donor's representatives. There is no guarantee that the donor or the donor's representatives wish to have contact with you.

Recipient signature: _____

Date: _____
(yyyy/mm/dd)