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DONOR INFORMED CONSENT FORM

D20

BARCODE : (for office use only)

The following disclosure confirms my informed consent to be a registered DONOR in DATRI and DATRI's agreement and commitment to me.

1. Any information that is obtained in connection with registering as a donor at DATRI and that can be identified with me, will remain confidential and will not be disclosed to anyone outside the authorized personnel of DATRI's team

2. I agree to have my sample collected, typed, stored and listed on DATRI's registry to determine if I am a possible match for any patient and also for any other registry purposes.

3. I agree to have my sample HLA typed at any well-equipped and experienced lab in the world.

4. I will be given access to my information anytime on request.

5. I have read the awareness material and/or have been explained the process of donation.

6. I am aware that my HLA data may be used for research on population genetics and transplant outcome.

   a. Population genetics is essential for any registry to assess the diversity of the population it is serving, to make sure that is proportionally represented in the registry. This will help to provide more available donors for the patients who are in need for blood stem cell transplant.

   b. Transplant outcome may be influenced by the variation in HLA and non-HLA immune response genes. Match and mismatch status for those genes and its influence on transplant outcome is necessary to choose the best donor for the patient.

   By signing this form I agree that my sample maybe typed for other genes that may influence the transplant outcome. I understand that all HLA and non-HLA data will be used for statistical purposes and population genetics without revealing my identity. I also understand that there will be no harm to myself or the patient as a result of said research.

7. I will be contacted and asked for further consent for any tests or experiments other than the ones mentioned above. I reserve the right to deny when contacted for further consent on any tests or experiments other than the ones mentioned above.

8. I reserve the right to withdraw from the donation process at any given point of time and I understand that all the previous actions conducted on my sample shall be unaffected by such cessation. I will exercise this right responsibly, since I am aware that withdrawing from the donation process after the donation date is mutually agreed, will be fatal for the potential recipient.

9. I understand that my age, ethnicity and HLA Typing will be shared by DATRI with other domestic and international blood stem cell registries and the Bone Marrow Donor Worldwide (BMDW).

10. I will not receive any monetary benefits for:
    a. Participating as a potential donor
    b. For being chosen as a possible match for any patient

11. I will not be charged for any future expenses or costs related to:
    a. Tests for potential donor match
    b. Procedures carried out in case of being chosen as a possible donor

I have provided DATRI with my complete and correct contact information and agree to keep it updated.

NAME _____ (In capitals)

SIGNATURE _____

MOBILE NUMBER _____

DATE _____ PLACE _____