DATRI

ACT NOW. GIFT A LIFE.

www.datri.org

DONOR REGISTRATION FORM

D10

BARCODE : (for office use only)

You can register ONLY if:

* You are between 18 - 50 years of age
* You have NEVER been diagnosed with HIV AIDS/ Type 1 Diabetes / Epilepsy/ Bleeding disorder (Haemophilia)
* You are in over all good health and meet the medical guidelines
* You are NOT already registered as a blood stem cell donor in DATRI / any other registry

PRIMARY INFORMATION:

(Please fill up the form in BLOCK letters)

1. *Name _____ _____ _____
First name Middle name Last name

2. *Date of birth For Ex. 07/12/1980 D D M M Y Y Y Y

3. Educational qualification _____

4. *Gender Male ☐ Female ☐ Others ☐

5. *Mother Tongue _____

6. Ethnicity

+(Example of ethnic origin : Tamil Mudaliar, Kannada Gowda, Marwadi Rajput, Punjabi Sikh etc)

6a. +Mother's ethnic origin / race _____

6b. +Father's ethnic origin / race _____

7. Height _____ ft/cms 8. Weight _____ kgs

9. *PERMANENTADDRESS

Flat/House No _____

Road/Street _____

Locality _____ City _____

State _____ Pincode _____

*Personal E-Mail _____

*Primary Ph

*Secondary Ph

10. CONTACT DETAILS OF RELATIVE OR FRIEND

*Name _____

*Relationship _____

Address _____

_____

Personal E-Mail _____

Landline _____

*Contact Number of Relative or Friend

Remarks (medical or other relevant details) _____

ORGANISATION / EDUCATIONAL INSTITUTION INFORMATION

11. *Company / Institution Name _____ Emp. ID / College ID No _____

12. Current Year and Batch No _____

13. Company / Institution Address _____

14. Government ID Type _____ ID Number _____
(Eg: Driving License, Aadhar card etc.)

15. All communications to be sent to: Permanent Address ☐ Contact Address of Friend or Relative ☐ Organisation Address ☐
(Please tick the appropriate response above)

DO NOT PAY IN CASH. ALWAYS ASK FOR A RECEIPT.

16. **Payment mode:**

Debit/Credit card ☐ Paytm ☐ Cheque ☐ Net Banking ☐

17. **Amount:** _____ 18. **Transaction ID:** _____ 19. **DATRI Receipt no:** _____

20. **Payment description:** _____

All money donations are eligible for 80G exemption certificate.

* Donations exempt from Income Tax Under 80G. DIT(E) No.2(115)09-10

In case of change in above contact details, kindly drop in an email to info@datri.org or call us at +91 44 4079 5300

For office use only	Reviewer Name	Reviewer Signature

DATRI Blood Stem Cell Donors Registry

Module No: 1207 & 1208, 12th Floor, TICEL BIO PARK - Phase II, CSIR Road, Taramani, Chennai - 600 113, India

Phone: +91-44-2254 1283 | Fax: +91-44-2254 0644 | E-mail: info@datri.org | Website: www.datri.org

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S.no	Description	Response
1	I have read and/or been explained the process of Peripheral Blood Stem Cell (PBSC) and Bone Marrow donation and I understand the processes	**YES / NO**
2	I intend to share details of my registration as a volunteer blood stem cell donor as well as the donation processes with my parents/spouse/siblings	**YES / NO**
3	I am registering as a voluntary blood stem cell donor because I want on my own accord and have not been pressurized by anyone to register	**YES / NO**
4	If I am found to be a match for any patient in need, I will be contacted by DATRI. If I agree to donate I understand that a. I may have to give 5 ml of blood for verifying the match b. I am required to go through pre-screening tests as per DATRI protocol at a DATRI approved hospital c. I can donate my blood stem cells only if the doctor from DATRI approved hospital certifies me as fit to donate d. Once I go through the prescreening tests and am found fit to donate, the donation dates will be mutually agreed and fixed e. Once the donation dates are fixed, the patient protocol will commence and withdrawal from donation at this stage would be fatal for the patient f. I will not be paid for donating my blood stem cells g. In case of PBSC donation • I will be given Granulocyte Colony Stimulating Factor injection (GCSF) for 5 consecutive days, leading up to the day of donation • The duration for PBSC donation will be around 3 to 4 hours, after which I can resume my normal routine h. In case of Bone Marrow donation • It is performed under general anesthesia just before donating. The blood stem cells are harvested from the hip bone in this method • I can resume normal routine the next day	**YES / NO**
5	If I am found to be a match I can take the decision to donate my blood stem cells as per my preferred method independently	**YES / NO**
6	If the Answer to point 5 is 'NO' I need to take the approval of my parents I need to take approval of my siblings I need to take approval of my spouse I need to take approval of others (Please specify)	 **YES / NO** **YES / NO** **YES / NO** **YES / NO**
7	I will donate blood stem cells for any patient in need	**YES / NO**

You are taking the first step to save a life. Your choice to become a donor can gift a life to a patient in need.

I _____ HEREBY CERTIFY THAT ALL THE INFORMATION I HAVE PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE.

*Signature _____ *Place _____ *Date _____

(* Mandatory Fields)

Donate money : www.datri.org/help-us/

Account Name : DATRI Blood Stem Cell Donors Registry
Account No : 000584000001189
Bank Name : Yes Bank Ltd
Branch Name : Uthamar Gandhi Salai, Nungambakkam, Chennai
IFSC Code : YESB0000005
Swift Code : YESBINBBXXX

Scan to Donate Money

Paytm

Online payment

http://datri.org/donate-now

Thank you for your time. We will contact you if you are a match. In case of any queries, please email to info@datri.org

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