



UR NUMBER

SURNAME

GIVEN NAME(S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE ↑

Consent for Directed Donation of HPC

PART A: Consent of Parent(s) / Guardian or Donor older than eighteen years of age to Donate Haemopoietic Progenitor Cells (HPC)

We / I _____, being the **parent(s) / guardian / sibling / relative** of _____ (*donor*) give consent for **their / my** HPC to be harvested for transplantation into _____ (*recipient*). Dr. _____ has explained to **us / me** what is involved in collecting HPC and the potential risks associated with the collection procedure. **We / I** have had the opportunity to ask questions and these have been answered to **our / my** satisfaction.

We / I understand that _____ (*recipient*) has not begun treatment to destroy their bone marrow, so a decision not to donate will not place _____ in any immediate danger.

We / I understand and authorise that information about _____'s / **my** medical or any test results may be released to _____'s (*recipient*) Transplant Physician.

We / I consent to details of _____'s / **my** donation being reported to the relevant Bone Marrow Transplant Registries, ie; Center for International Blood and Marrow Transplant Research (CIBMTR) and Australasian Bone Marrow Transplant Recipient Registry (ABMTRR).

We / I consent to a small sample of _____'s / **my** blood to be stored and used for ethically approved research, education and laboratory quality procedures.

Signed _____ Signed _____

Date _____ Date _____

PART B: Child assent for a donor aged less than eighteen years of age

I, _____, am the **sibling / relative** of _____ (*recipient*) who needs a Bone Marrow Transplant. Dr. _____ has explained to my **parent(s) / guardian** and me that I have the type of blood forming cells _____ (*recipient*) needs and what I will have to do to give them my cells. I know my body will make new cells for me. I have asked Dr. _____ anything I don't understand about collecting my blood forming cells. It is okay for some of my blood forming cells to be taken.

Signed _____

Date of Birth _____ Date _____

PART B: Declaration by Doctor

I have discussed the nature and purpose of the procedure with the above named **parent(s) / guardian / donor**. In my opinion **they / he / she** understand(s) this explanation and has given signed consent in my presence.

Signed _____

Date _____

If interpreter service used

Name of interpreter _____

