Consent Form

Consent to perform an unrelated bone or marrow transplant donor search

A Consultant or other health professional responsible for patient

B Statement of the health professional (risks, benefits and alternatives)

1) I confirm I am a health professional with an appropriate knowledge of the proposed process, as specified in the hospital’s consent policy.

2) As part of your clinical care either now or in the future it may be desirable to consider an allogeneic (non-self) blood or marrow transplant. Potential donors may be a family member or an unrelated volunteer donor.

If you do not have a suitable family member and you wish for us to look for a potential unrelated volunteer donor we would need to see if there are any donors who are closely matched with your blood type (known as ‘tissue type’). The success of blood and bone marrow transplants is closely related to the degree of match between yourself and a potential donor.

To undertake a donor search the clinical team responsible for your care will need to share information concerning you and your blood test results with bone marrow donor registries in the UK and other countries worldwide. These donor registries will assist us by searching their records and by contacting possible donors to see whether they are willing to give their blood or bone marrow for transplantation and to obtain additional blood samples from them to enable us to perform the more detailed tissue typing studies which are required.

All information is treated as strictly confidential by ourselves and the donor registries and will only be used to identify a suitable donor. No patient identifiable information is disclosed to potential volunteer donor(s) and is completely anonymous for both patient and donor.

Or

I have offered the patient information about the procedure but this has been declined.

Signed (health professional): Date:
Name (print): Time (24hr):
Designation: Contact/bleep no:
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C Consent of patient/participant:

I confirm that this has been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about consent. Please write your initials in the boxes below if you agree with the following statements.

☐ I agree that all relevant medical history, laboratory test results and personal data required to undertake a volunteer bone marrow donor search can be exchanged with other health care professionals and donor registries worldwide for use in identifying a suitable donor.

Signed (patient): Date:

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness’s own signature: ............................................................
Name (PRINT): ................................................................. Date: ............................

D Confirmation of consent (where the intervention has been previously discussed):

On behalf of the team treating the patient/participant, I have confirmed with the patient/participant that she/he has no further questions and wishes the treatment to go ahead.

Signed (health professional): Date:
Name (print): Job title:

Please initial to confirm all sections have been completed:

E Withdrawal of patient consent

The patient has withdrawn consent.

Signed (patient): Date:
Signed (health professional): Date:
Name (print): Job title: