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## DONOR INFORMED DECLARATION FORM

# D10

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	<p>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</p> <p>a. I may have to give 5 ml of blood for verifying the match</p> <p>b. I am required to go through pre-screening tests as per DATRI protocol at a DATRI approved hospital</p> <p>c. I can donate my blood stem cells only if the doctor from DATRI approved hospital certifies me as fit to donate</p> <p>d. Once I go through the prescreening tests and am found fit to donate, the donation dates will be mutually agreed and fixed</p> <p>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</p> <p>f. I will not be paid for donating my blood stem cells</p> <p>g. In case of PBSC donation</p> <ul style="list-style-type: none"><li>I will be given Granulocyte Colony Stimulating Factor injection (GCSF) for 5 consecutive days, leading up to the day of donation</li><li>The duration for PBSC donation will be around 3 to 4 hours, after which I can resume my normal routine</li></ul> <p>h. In case of Bone Marrow donation</p> <ul style="list-style-type: none"><li>It is performed under general anesthesia just before donating. The blood stem cells are harvested from the hip bone in this method</li><li>I can resume normal routine the next day</li></ul>	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	<p>If the Answer to point 5 is 'NO'</p> <p>I need to take the approval of my parents</p> <p>I need to take approval of my siblings</p> <p>I need to take approval of my spouse</p> <p>I need to take approval of others (Please specify)</p>	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/](http://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



Number+91 9042018667

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](mailto:info@datri.org)

**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](mailto:info@datri.org) | Website: [www.datri.org](http://www.datri.org)

DATRI/DR/001/V4.2 Eff. 01/AUG/2018

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 may be 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 \_\_\_\_\_

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

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