
 <p>IPST Instituto Português do Sangue e da Transplantação, IP</p>	WORKUP CONSENT FORM	 <p>Registo Português de Dadores de Medula Óssea Portuguese Bone Marrow Donors Registry</p> <p>IMP.3280.1</p> <p>Página 1 de 1</p>
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Donor Name: _____

Donor GRID: _____

Donor ID: CC ☐ _____ Passport ☐ _____ Other ☐ _____

I hereby certify that:

- I have discussed with the MD, the collection procedures permissible, and understood the related risks (anaesthesia, infection, possibility of short and long term adverse effects of heamatopoietic growth factors);
- I give my permission for stem cell harvesting by (specify method): _____
- In case of a peripheral blood vein access not being possible I agree with the collection being done by bone marrow harvesting;
- All information has been given to me in a clear and understanding manner and I had the opportunity to ask questions and these have been answered fully and satisfactorily;
- I understood that I have the right to withdraw my consent at any time, and was told of the consequences for the patient if I withdraw consent after the transplant protocol has started;
- The hematopoietic cells will be received by an anonymous patient;
- I gave my permission for a further blood sample be taken to test for infectious disease markers. Should there be a positive result I will be informed by the MD at the Collection Center.

Verified by: _____

Collection Center: _____

MD Name: _____

MD Signature: _____

Donor Signature: _____

Date: ____/____/____

Send to cedace@ipst.min-saude.pt / FAX: 21 750 41 01