

Patient's Consent for Specialised Donations at WCBS

First Name:
Surname:
ID Number: Date of birth:
Address:
.....
Telephone (h): Telephone (w):
Telephone (c):
E-mail:
Medical Aid Name:
Medical Aid Number:
Main Member's Name:
Referring Clinician:
Date of Surgery/Transfusion:

I understand that:

- Blood from the general blood supply is available to me and that this specialised donation process is entirely my choice.
- I will be charged for the specialised units whether or not the blood product is transfused.
- The specialised units may be rendered unusable due to circumstances beyond WCBS's control.
- The specialised donors are required to meet WCBS specific donor acceptance criteria.
- WCBS is not responsible for donor selection and will only facilitate donations from donors who have been nominated by the patient or their guardian.
- The donations will take place on an appointment basis arranged by WCBS.
- The donor will be informed directly of any abnormal results detected during testing at WCBS and this information will be treated with strict confidentiality.

Patient's signature: Date:

(Parent/guardian signature required if donor is a minor)

Specialised Donations

Tel: (021) 507-6393 or (021) 507-6320 | Fax: (021) 531-3335 | E-mail: phlebotomy@wcbs.org.za
