

### **Information regarding the release of personal information**

Before you agree to share your contact information with your blood stem cell donor, we would like to provide you with a few thoughts for your consideration.

Of course the positive aspects of direct contact are in the forefront such as being able to meet your 'genetic twin' and that you might, as has happened many times before, develop a meaningful, long term friendship.

However, the exchange of personal information can also bring with it risks.

After the exchange of personal information, you are no longer protected by the anonymity provided to you by the donor's registry and the clinic. Should any friction or demands develop between you and the donor, DKMS and the transplant centre would no longer have any influence.

Important genetic characteristics match between you and your blood stem cell donor. This does not necessarily mean that you are also similar or identical in any other aspects of your lives. Along with the fascinating questions about similarities between you and the donor also comes the possibility of differences. This means that the contact between you and the patient might also be difficult or break off.

Thank you!

### Consent for the Release of Personal Information to the Stem Cell Donor of

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**Yes, I agree to release the following information to my stem cell donor:**  
Please enter only the information you wish to share with your donor.

**Name**

**Address**

**City / Postcode**

**Country**

**Phone**

**Email**

**Date of Birth**

I agree that the information written above can be released to my stem cell donor.

\* I hereby agree that the details entered here can be collected, processed and used by DKMS for this purpose in accordance with the provisions of Polish Personal Data Protection. DKMS may contact me using the data entered above.

.....  
Date

.....  
Signature Patient

Should the patient be underage, we ask the patient's guardian to sign this form.

**No, I do not agree to share personal information with my stem cell donor.**

.....  
Date

.....  
Signature Patient

I need time for consideration. Please contact me again on \_\_\_\_\_.

\* This consent may be revoked at any time without providing any reason by notifying DKMS either via post (Fundacja DKMS, Follow-up, Altwaga 6/9, 02-386 Warsaw, Poland) or via email (popobranu@dkms.pl).