

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.

After a successful exchange of personal information we will also quickly notify the transplant centre that the exchange has taken place.

Should you have any questions or concerns, please do not hesitate to call us.

Thank you

Your Donor Request Coordination Team

Please return to:

DKMS
Block C, Grosvenor Square
Century Way
Century City
Cape Town, 7441

followup@dkms-africa.org

Consent form for the release of personal information

YES, I agree to provide the donor with the following information:

Please only enter the information that you want to provide to the stem cell donor.

Name

Address

City/Postcode

Country

Telephone

Email Address

Date of Birth

I declare that the information entered here may be provided to the blood stem cell donor.

Permission to release this information cannot be withdrawn once submitted.

.....
Date

.....
Patient signature

For patients under age of 18 we require the patient's parent's or legal guardian's signature

NO, I do not agree to the release of any personal information to the stem cell donor.

.....
Date

.....
Donor signature

I need time for consideration. Please contact me again on _____.

YES, I agree to my transplant centre being informed about the release of personal information.

NO, I do not agree to my transplant centre being informed about the release of personal information.

Should this question not be answered, we shall inform the transplant centre of the exchange.

*This permission can be withdrawn without needing to provide any reason by providing written notification to DKMS Africa Block C, Grosvenor Square, Century Way, Century City, Cape Town, 7441 or by sending an email to followup@dkms-africa.org.