

HEAD OFFICE

Unit B, 3rd Floor, Sable Park, Bridgeway, Century City, Cape Town, 7441 T +27217010661 info@dkms-africa.org dkms-africa.org

Cape Town, 22.09.2025

Donor Request Department followup@dkms-africa.org

Your patient no. / Patient GRID:
Date of donation on:

Request for Patient's Consent to Release Information

Dear Colleague,

Our donor has expressed a desire to exchange personal information with the patient mentioned above. We have already received our donor's consent form. Please let us know if Patient Test is interested or if the patient does not wish to release personal information.

Please tick the appropriate box and email this message back to followup@dkms-africa.org.

□ request forwarded to transplant center
□ patient's consent received and enclosed to this fax/e-mail. Please send us the donor's released information in return.
□ patient is not interested
□ patient is lost to follow-up
□ patient deceased (date/)
Thank you in advance!
Kind regards,
Donor Request Coordinator

GAUTENG

Ballyoaks Office Park Silky Oak House 3rd Floor 35 Ballyolare Drive Bryanston, 2191

KWAZULU-NATAL

34 Essex Terrace Unit 202, Building 1 Berea West Westville Durban, 3629



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 stem cell donor. This does not necessarily mean that you are also similar or identical in 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 donor 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

Donor Request Coordinator



Please return to:

DKMS Unit B, 3rd Floor, Sable Park Bridgeway Century City 7441 Cape Town

followup@dkms-africa.org

Consent for the Release of Personal Information to the Blood Stem Cell Donor of Patient

Yes, I agree to the transfer of the following personal data to the stem cell donor and to the processing of the DKMS for this purpose: Please enter only the information you wish to share with your donor.
Name:
Address:
City / Postcode:
Country:
Phone:
Email:
Date of Birth:
*Once the disclosure of the released data has taken place, the consent cannot be revoked.
I also agree that this information can be used by the DKMS according to the Data Protection Act 4 of 2013 to collect, use and save my information. DKMS may contact me using the information provided above.
Date Signature Patient Should the patient be underage, we ask the to sign this form patient's guardian
No, I do <u>not</u> agree to share personal information with my stem cell donor.
Date Signature Patient
I need more time for consideration before coming to a decision.

*This permission can be withdrawn without needing to provide any reason by providing written notification to Medical Department, DKMS, Unit B, 3rd Floor, Sable Park, Bridgeway, Century City, 7441 Cape Town or by sending an email to followup@dkms-africa.org