



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, there are negative aspects that could arise as well.

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. Beyond this point, neither DKMS nor the transplant centre will be responsible for the transaction, communication and circumstances that may develop between both the donor and patient.

Important genetic characteristics are a match between you and your blood stem cell donor, but 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, there also comes the possibility of differences.

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 Case Manager Team

Please return to:

followup@dkms-india.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 to collect, use and save my information. DKMS may contact me using the information provided above.

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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.

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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 DKMS Foundation, 3790, 7th Main Road, HAL 2nd Stage, Bangalore, India – 560038 or by sending an email to followup@dkms-india.org.