

## Patient's Consent for Designated 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 the designated donation process is entirely my choice.
- I will be charged for the designated units and relevant testing whether or not the blood product is transfused.
- The designated units may be rendered unusable due to circumstances beyond the control of WCBS.
- WBCS is not responsible for donor selection and will only facilitate donations from donors who have been nominated by the patient or their guardian.
- The designated donors are required to meet WCBS routine donor acceptance criteria.
- The designated donations will take place on an appointment basis, arranged by WCBS once all required information has been received.
- The designated donor (and not the patient) will be informed directly of any abnormal results detected during testing at WCBS and this information will be treated with strict confidentiality.
- WCBS has put measures in place to protect and safeguard personal information and will only share information with my clinician, if necessary.

**Patient's signature:** ..... **Date:** .....

**(Parent/guardian signature required if patient is a minor)**

**WCBS Specialised Donations**

**Tel: (021) 507-6393 or (021) 507-6320 | E-mail: [phlebotomy@wcbs.org.za](mailto:phlebotomy@wcbs.org.za)**

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