

CONSENT TO RELEASE FAMILY CONTACT INFORMATION

Recipient ID #:

I PURPOSE

The purpose of this form is to obtain your written consent to release your contact information to your family member's stem cell donor. Your consent is voluntary and Canadian Blood Services will only release the contact information you have identified as part of this consent. If you decide not to release your contact information, your decision will not affect your relationship with Canadian Blood Services' Stem Cell Registry in any way.

Please note that Canadian Blood Services will not release a stem cell recipient's personal information until 12 months after the stem cell transplant. Upon the recipient's death the 12 month waiting period required may be waived and a recipient's first (1st) degree relative (spouse, parent/guardian, child, or sibling) can consent to releasing their contact information.

II RELEASING YOUR CONTACT INFORMATION

There may be potential consequences to releasing your contact information to the donor, including, but not limited to:

1. Contact from the donor or the donor's representatives. You will no longer be anonymous and Canadian Blood Services cannot prevent calls, letters, visits or requests.
2. Personal stress or other impacts on you.
3. Unwanted attention, for example contact from the media regarding your family member's stem cell transplant.
4. The donor may choose not to respond; there is no guarantee that your contact information will be acted upon.
5. Requests for compensation from the donor.

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III CONTACT INFORMATION TO BE RELEASED

Please check 'yes' or 'no' to the contact information listed below. For any box checked 'yes', please complete the information in the accompanying box. Only the contact information checked 'yes' will be released to the donor.

<input type="radio"/> Yes <input type="radio"/> No	Contact's First Name:
<input type="radio"/> Yes <input type="radio"/> No	Contact's Last Name:
<input type="radio"/> Yes <input type="radio"/> No	Contact's Relationship to Recipient:
<input type="radio"/> Yes <input type="radio"/> No	Contact's Address:
<input type="radio"/> Yes <input type="radio"/> No	City:
<input type="radio"/> Yes <input type="radio"/> No	Province:
<input type="radio"/> Yes <input type="radio"/> No	Postal Code:
<input type="radio"/> Yes <input type="radio"/> No	Phone Number:
<input type="radio"/> Yes <input type="radio"/> No	Email Address:

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IV CONSENT

By providing your consent you are agreeing to the release of your contact information, as indicated in this form, to your family member's stem cell donor. You understand the potential consequences to releasing your contact information and that Canadian Blood Services cannot retract this information once it has been released to the donor. There is no guarantee that the donor wishes to have contact with you.

Signature: _____

Date: _____
(yyyy/mm/dd)