

**INDIVIDUAL REQUEST AND CONSENT FOR RELEASE OF PERSONAL INFORMATION  
for Donor, Registrant, Patient, Recipient or Research Participant  
17 years of age or older**

Personal information collected on this form will be used to respond to your request.

**Identity and Contact Information**

**Your Name:**

**Your Canadian Blood Services Donor Card Number:** *(if available)*

**Your Current Address:**

**Your Address at Time of Last Contact with Canadian Blood Services** *(if different from current)*

**Your Telephone No.:** (    )

**Your Date of Birth:** (YYYY-MM-DD)

**Details of Requested Information**

*Please describe the information you are requesting - be as detailed as possible and provide date ranges, if applicable.*

**Recipient of Requested Information**

*Please provide the name of the individual or organization you want to receive the information. (e.g. you, your physician, etc.) If you are the recipient, please indicate this.*

*Please provide the email address, fax number or mailing address for the individual or organization you want to receive the information. If you are the recipient, please provide the email, fax or mailing address to which you want the information sent.*

**PLEASE INCLUDE A COPY OF 1 PIECE OF SIGNED IDENTIFICATION\* (FRONT AND BACK)  
WITH THIS FORM. A CANADIAN BLOOD SERVICES DONOR CARD IS ACCEPTED.**

For questions about the disclosure of personal information please contact the Canadian Blood Services Access to Information Office at (613) 739-2483, toll-free 1-877-262-9191, or by email at [ati@blood.ca](mailto:ati@blood.ca).

Should you choose to submit your Request and Consent for Release of Personal Information form electronically and/or choose to have Canadian Blood Services provide your personal information to you or a third party electronically, you understand that Canadian Blood Services assumes no responsibility for the security of your personal information during transmission. You agree not to make any claims against Canadian Blood Services in respect of any damages suffered as a result of any unauthorized viewing, use, disclosure or distribution of your personal information.

I understand that Canadian Blood Services is not responsible for any subsequent unauthorized disclosures by the recipient.

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(YYYY-MM-DD)

Please return this form by fax to (613) 739-2586, by email to [ati@blood.ca](mailto:ati@blood.ca), or by mail to: Access to Information, Canadian Blood Services, 1800 Alta Vista Drive, Ottawa, ON, K1G 4J5