



Jeevan Stem Cell Registry

(Unit of Jeevan Blood Bank and Research Centre)

22/11, Wheatcrofts Road, Nungambakkam, Chennai 600 034

Mobile : 89399 99216 • Email : registry@jeevan.org • Website: www.jeevan.org



DONOR REGISTRATION AND CONSENT FORM

(PLEASE FILL THE FORM IN CAPITAL LETTERS)

Barcode No. : Date Ref. by

Given Name :

Family Name :

Date of Birth : / / Gender : Male Female

Blood Group : Rh.:

Landline Number: Mobile Number

Native State : Mother tongue

Current Address :

.....

City : State: Pin code:

Email ID : Phone Number

Permanent Address :

.....

City : State: Pin code:

Address of Close Relative / Friend :

.....

City : State: Pin code:

Email ID : Phone Number

(Please Answer the following Questions Correctly)

Have you donated Blood/Platelets in the past ? Yes No If yes, how many times:

Have you been refused as a blood donor ? Yes No If yes, when:

Have you had any of the following illnesses in the past?

Bleeding Tendency Yes No If yes, when:

Cancer Yes No If yes, when:

Diabetes Yes No If yes, when:

Fits Yes No If yes, when:

Fainting attacks Yes No If yes, when:

Heart Disease Yes No If yes, when:

High BP Yes No If yes, when:

HIV/AIDS Yes No If yes, when:

Hepatitis/Jaundice Yes No If yes, when:

Malaria Yes No If yes, when:

Tuberculosis Yes No If yes, when:

Venereal Disease Yes No If yes, when:

Have you ever received blood Transfusion? Yes No If yes, when:

Do you take any Medicines regularly? Yes No If yes, when:

Informed Consent

I hereby consent to the taking of a blood sample / buccal swabs in order to carry out HLA typing. I transfer ownership of the blood sample / buccal swabs to JSCR. I have been informed by JSCR that the typing of my blood sample and the admission into the database serve the purpose of finding a matching donor for patients.

- 1) I have given consent to be a voluntary peripheral blood stem cell / bone marrow donor.
- 2) I confirm the correctness of my personal data above and I agree that it is stored at JSCR in order to search for donors.
- 3) I will make myself available for confirmatory tests when required.
- 4) I will keep JSCR updated about any change in my contact details.
- 5) I agree to being contacted by JSCR through the mobile and / or email.
- 6) I have the option to change my mind about being a voluntary donor at any time.

Date :

Place :

Donor Signature

Signature of Counselor

Signature of Medical Officer

Identity Confirmation Proof

**All above information is confidential and is for office use only.
(The Application will not be processed if the Form is not duly completed.)**