



Potential Recipient Consent

I am requesting with my doctor's permission that I have directed donation(s) of blood or its components collected by the Rock River Valley Blood Center (RRVBC).

My physician has discussed with me the risks involved by receiving a directed donation as well as the option of autologous blood donation (donating my own blood).

I have read the RRVBC position statement. I understand that there are risks involved such as infections from Hepatitis B and Hepatitis C and AIDS. There is also the risk of a fatal Graft-vs.-Host disease from a blood relative.

If I develop a transfusion related infection, I understand that the blood center will NOT provide me with any information in order to identify the donor(s) that may cause such an infection.

RRVBC will perform all required tests and procedures in order to maximize the safety of directed donor blood.

My signature indicates that I understand the information above. I have had a chance to ask questions and had my questions answered by the RRVBC staff.

Signature of Patient/Representative

Date

If Representative, Print Representative's Name, Relationship to Patient & Reason Patient is Unable to Sign

Name(s) of donor(s): _____

