

AGREEMENT TO PROVIDE DIRECTED BLOOD DONATION(S)

I, _____, of _____
(NAME OF DONOR) (ADDRESS)

have been advised that _____ may require
(NAME OF RECIPIENT)

blood transfusion(s) as part of his/her medical/surgical treatment.

I wish to donate my blood and request that my donation(s) be used for the specific purpose of manufacture into blood components for transfusion to the above-named Recipient, should transfusion(s) be required. I understand this type of donation process is known as directed blood donation.

I have discussed my request with Dr _____ who has
(TRANSFUSION SPECIALIST)

advised me of the benefits, if any, and the risks and alternatives to directed blood donation. I have been given adequate opportunity to ask questions and have received all the information I want.

In particular, I acknowledge and understand that:

- to be accepted as a directed blood donor, I must also satisfy eligibility criteria applied by the New Zealand Blood Service in the selection of its voluntary blood donors;
- there is no evidence to show that directed blood donations are safer than blood components derived from unpaid voluntary blood donors;
- the New Zealand Blood Service does not endorse the practice of directed blood donation.

I understand that failure to disclose all information requested may place the Recipient at risk.

I make this request without duress and understand I will have an opportunity to withdraw from use any donation(s) I may give, confidentially and without question, should I decide that withdrawal is appropriate.

SIGNED: _____ **DATE:** _____

RELATIONSHIP TO RECIPIENT: _____ **WITNESS:** _____