

CONSENT OF RECIPIENT/PARENT/GUARDIAN TO ACCEPT DIRECTED BLOOD DONATION(S)

This section must be completed by:

- (a) *the Parent or Guardian (if the Recipient is a child) or*
(b) *the Recipient (if the Recipient is an adult)*

I, _____, of _____
(NAME OF RECIPIENT/PARENT/GUARDIAN) (ADDRESS)

have had explained to me the process of 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:

- 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 for technical reasons it may not be possible for the directed blood donation(s) to be made available for transfusion to myself/my child. If this occurs the New Zealand Blood Service will not specify the reason(s) for the unavailability of the donation(s).

In such an event, or should the transfusion requirements of my/my child's treatment exceed that which is expected, I agree that transfusion of blood obtained from voluntary donors of the New Zealand Blood Service may be necessary.

Having given due consideration to these matters I consent to the transfusion of directed blood donation(s) (from the Donor named on form 111F066a) to myself/my child.

SIGNED: _____ **DATE:** _____

WITNESS: _____