

Consent to umbilical cord blood donation Public Cord Blood Bank

I consent to voluntarily donate my child's umbilical cord blood for storage in a public Cord Blood Bank (CBB). The blood stem cells from this cord blood can be used to treat a patient in Switzerland or abroad who needs a blood stem cell transplant.

In particular, I confirm the following points:

- I have read the **Information Sheet for Cord Blood Donation – Public Cord Blood Bank** and understood its contents. I have had the opportunity to ask questions and all my questions have been satisfactorily answered. I have had enough time in which to reach a decision
- I am aware that the requirements and obligations stated in the Information Sheet (e.g. donor eligibility and notification of any changes in my health) are mandatory and I duly agree thereto
- I have been informed about the tests needed (in particular for communicable infectious diseases such as HIV, hepatitis B, C and E, and syphilis) and I consent to a blood sample being taken for this purpose between seven days before and seven days after delivery
- I consent to an umbilical cord blood sample being taken for HLA typing
- I have read the Information Sheet on the Haemoglobinopathy Test and understood its contents.
- I consent to a genetic test being performed on a sample from my child's cord blood, if needed before the umbilical cord blood is released to the transplant center, to confirm the presence or absence of haemoglobinopathy
- I have been advised of my right to access the test results
- I consent to notify the obstetric department of any relevant changes in my health that could affect my eligibility to donate. I undertake to inform the obstetric department immediately if I fall ill in the next few days or shortly after giving birth, or if a close contact or my child falls ill
- I also undertake to notify the CBB and/or obstetric department of any changes in health occurring later in my life or the life of my child that could affect the quality and safety of the stored cord blood unit (CBU) or that could potentially affect the recipient
- I consent to my and my child's pseudonymized data being entered into the Swiss Transfusion SRC Inc. database
- I have been informed that in the event of a transplant with the donated cord blood, some blood samples will be stored for long after the transplant in order to resolve any issues that may later arise concerning this specific transplant and that could be important for the recipient
- It has been explained to me that after a transplant the recipient will have genetic tests to monitor the growth of the transplanted blood stem cells or track the development of the original disease. In rare cases, these tests may yield results that could be relevant for my child or me. The CBB will inform me if it learns of such test results and/or is required to do so by law

- I consent to Swiss Transfusion SRC Inc. and its accredited laboratories using the sample material and HLA data for the purpose of statistical analysis of population variability in HLA and of the distribution of the various HLA combinations. My data will be anonymized when used for this purpose. Such studies involve no risks for me and my child
- I am aware that up until the birth of my child I am entitled to withdraw my consent to donate my child's umbilical cord blood
- I am providing my child's blood stem cells free of charge
- In voluntarily donating my child's umbilical cord blood, I agree to transfer ownership of the CBU donation to the Public CBB
- All collected data are recorded, stored and processed in accordance with the Swiss Federal Act on Data Protection (DSG) and EU General Data Protection Regulation (GDPR). My data will be stored in accordance with the legal requirements. I can find more information on data protection at www.blutstammzellspende.ch/datenschutz (QR Code: see below). If I have any questions, I can also contact datenschutz@blutspende.ch at any time.



I have understood all the above information and the data protection provisions and I consent to donating my child’s cord blood for storage in the Public CBB. In particular, I consent to the harvesting, processing, analysis and long-term storage of the CBU along with the associated data and documentation.

Yes No

I consent to my child’s blood stem cells being used, identified only by a pseudonym, for the following purposes if unsuitable for transplant storage:

- Research (with the approval of the competent institutional review board)

Yes No

- Quality control in the CBB

Yes No

Mother:

Surname: First Name:

Date: Signature:

Father (optional):

Surname: First Name:

Date: Signature:

Data protection provisions



[Further information:](#)

www.blutstammzellspende.ch/de/datenschutz-blutstammzellspende