

Blood Donor Informed Consent Form

This **Blood Donor Informed Consent Form** ensures that you, as a donor, fully understand the donation process, possible risks, and benefits before giving blood. By completing this form, you acknowledge your voluntary participation and help us maintain safe and ethical blood donation practices.

Donor Information

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Purpose of Blood Donation

You are being asked to donate blood voluntarily. Your donation will be used for transfusion to patients in need or for research and education, depending on the blood bank's requirements. You have the right to refuse or withdraw from the donation process at any point.

Potential Risks

- Mild side effects such as fainting, bruising, dizziness, or nausea.
- Rare complications such as infection, nerve injury, or allergic reaction.
- All procedures follow strict safety guidelines to minimize these risks.

Potential Benefits

- Your donation may help save lives.
- You may receive a basic health screening as part of the donation process.

Confidentiality

All personal information and test results will remain confidential and will only be used as required by law or for the purposes of donation.

☐ I have read and understood the information above. I voluntarily agree to donate my blood.

Donor Signature: _____

Date: _____

Witness Signature: _____

Date: _____