

## **Post-transplant consent form to release personal information**

### **I. PURPOSE OF THIS CONSENT**

The National Marrow Donor Program (NMDP) keeps your personal information confidential. As part of that, we won't share personal information with your donor or recipient without your written approval on this consent form. NMDP also doesn't let donors or recipients share their personal information until at least 12 months after transplant (PBSC or bone marrow). Other countries have different policies. If your donor or recipient is in another country, you may have to wait longer or you may not be able to share information.

Complete the second page of this form to give permission to NMDP to share your contact information with your donor or recipient. You only have to give information that you are comfortable sharing, but you have to give at least one (1) contact method, such as email address or phone number. Your donor or recipient will also have to give permission before personal information can be exchanged between you.

### **II. POTENTIAL RISKS OF SHARING YOUR PERSONAL INFORMATION**

There may be some risks in letting your donor or recipient know your personal information. These risks include, but are not limited to:

1. Your donor or recipient may choose not to respond when you try to contact them.
2. You will no longer be anonymous. Once your personal information is given to your donor or recipient, they may contact you and you may later decide you do not like being in contact with them. They may say things or ask you for things that make you uncomfortable. They may use the information you give on this form to find other information about you, such as through social media. They may give your information to other people and those people may try to contact you. Before you sign this form, think about how you will feel if:
  - You have little in common with your donor or recipient, or if you dislike them
  - You don't want them to contact you anymore
  - You receive unwanted attention from the media
3. Recipients: If you later need another donation, your donor or their family members might want to talk to you about it directly. This could be uncomfortable for you.
4. Donors: Some recipients don't do well after transplant. They may need another donation of PBSC/bone marrow later. Or, they might later need a solid organ transplant, such as a kidney. If you give your contact information, your recipient or their family could contact you directly and ask for another donation.

### **III. POTENTIAL BENEFITS OF SHARING YOUR PERSONAL INFORMATION**

There may also be benefits to letting your donor or recipient know your personal information:

1. You may have a lasting and important friendship with your donor or recipient.
2. You may receive attention or publicity that you like.

### **IV. LIMITATIONS OF THIS CONSENT**

It's your choice whether you share your personal information or not. Your decision won't affect your relationship with the NMDP in any way. If you don't want to share your personal information now, you can change your mind later. However, remember that if you decide to share your personal information now, it can't be taken back later.



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### V. NATURE OF THE INFORMATION TO BE RELEASED

Which of these are you:      Donor      Recipient      Parent or guardian  
(Check all that apply)

In the spaces below, give only the contact information that you wish to share with your donor or your recipient. This is the information that will be given to your donor or recipient. At least one form of contact information (phone number, email address, or address) is required.

**First name**

**Last name**

**Street address**

**City and state**

**Zip code and country**

**Phone number**

**Email address**

### VI. SIGNATURES

Sign your name below to show that you have read this form and that you want to share your personal information with your donor or recipient.

If you sign this, a copy of it will be given to you for your records. Contact your center's coordinator (listed in the box below) if you have questions.

\_\_\_\_\_  
Donor or recipient signature (if age of majority/adult)      Date

\_\_\_\_\_  
Parent/guardian signature (for minors)      Date

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**The section below is for center coordinator (TC or DC) use only**

RID and DID must both be indicated below, or form will be returned to you:

**Recipient ID:**

**Donor ID:**

Center coordinator's name

Phone# and email