

NHS Blood and Transplant (NHSBT)

Donor Agreement Form

Name	<i>Please print</i>
Address	
Date of birth	
Daytime contact telephone number	

I understand that NHS Blood and Transplant (NHSBT) collects blood for the benefit of patients.

I confirm that my haemochromatosis will continue to be the responsibility of my managing doctor.

I understand that in the event I am unable to donate blood regularly for whatever reason, then I will need to inform the doctor who manages my haemochromatosis.

I wish to become an NHSBT blood donor.

Signed

Date

**PLEASE COMPLETE AND PROVIDE INFORMATION ON DOCTOR WHO MANAGES
YOUR HAEMOCHROMATOSIS CONDITION OVERLEAF**

Medical Information

The doctor below has confirmed the following:

- Genetic haemochromatosis, homozygous C282Y, homozygous H63D, compound or double heterozygous (C282Y/H63D)
- Completion of intensive venesection (if required) with ferritin in or close to the normal range
- The absence of associated complications including cardiac or hepatic impairment
- Not receiving chelation treatment currently
- Without a serious adverse reaction to venesection in the past

**Date of last
venesection.....**

Date & value of Last Ferritin

**Email or Telephone
contact.....**

Hospital No.....

Specialist/ Clinician in charge.....

Hospital

Please provide details of your GP:

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Thank you for your cooperation

(Please return the form in the reply-paid envelope)