



Blood and Transplant

CONSENT TO EXCHANGE INFORMATION ABOUT TEST RESULTS

<i>Please complete clearly in BLOCK CAPITALS</i>	
Name:	
Date of birth:	Donor number:
Full address:	
Postal code	
Details of General Practitioner:	
Name:	
Address:	
Postal code	Telephone number
Details of specialist:	
Name:	
Address:	
Postal code	Telephone number
<p>I give consent for the NHS Blood and Transplant to contact my general practitioner and/or my hospital specialist to exchange information about my test results and medical history.</p> <p>I understand that this information will be confidential between NHS Blood and Transplant and my general practitioner and/or hospital specialist.</p>	
Signature	Date