

Donor last name	Donor first name	Donor ID
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## CONSENT FORM FOR PLACEMENT OF A CENTRAL LINE IN ORDER TO COLLECT BLOOD STEM CELLS

*The original consent form should be retained by the Collection Centre. One copy should then be retained by the donor and a copy forwarded to Anthony Nolan.*

### A STATEMENT BY HEALTHCARE PROFESSIONAL (Please tick the boxes)

I have explained the proposed procedure of the placement of a central venous catheter to the volunteer donor and briefly discussed the reasons and possible intended benefits for them. In particular, I have explained to the donor:

1. the type of catheter that will be used and the advantages and disadvantages of the placement of such a catheter
2. the alternative options available to the donor including the option to withdraw completely from the process
3. any possible serious or frequently occurring risks associated with the procedure as well as possible side effects and how these would be managed
4. the need to be admitted to hospital overnight if two apheresis sessions are necessary
5. the need to store confidential information

Please tick this box to confirm you have explained points 1 to 5 above to the donor

Please tick this box to confirm you believe the donor understands the information provided and can freely give consent

I confirm that I have read and understood:

- The current versions of the HTA's Codes of Practice on the Donation of Allogeneic Bone Marrow and Peripheral Blood Stem Cells for Transplantation, and on Consent
- The current version of the HTA's Guidance for Transplant Teams and Accredited Assessors and have applied the principles and procedures accordingly.

Signed by Healthcare Professional	Date of assessment
First name	Last name
Job title	Collection centre

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**B STATEMENT BY DONOR PROCEDURE INFORMATION (Please tick the boxes)**

I have been advised of the peripheral blood stem cell donation (PBSC) procedure or the lymphocyte donation (DLC) procedure. This consent is in addition to the consent already given for the donation procedure, by signing and agreeing to the terms in the either document **Consent Form for PBSC**<sup>1</sup> to donate via PBSC or document **Consent Form for DLC**<sup>2</sup> to donate via DLC.

The healthcare professional in section A has clearly explained to me:

- that the veins in my arm, which would normally be used for access for the PBSC or DLC donation, are too small for the procedure and it is recommended that I have a central line placed temporarily in a larger vein in my body
- the possible short and long-term related risks of this minor surgical intervention

I have received and understood the information provided to me by Anthony Nolan and have been given the opportunity to ask questions. Any questions have been answered to my satisfaction. I believe I have been given sufficient information to give my informed consent to proceed with the donation. I agree to:

1. I voluntarily agree to undergo the procedure to insert a central line, which will be placed either in my femoral (groin) or internal jugular (neck) vein
2. I understand that this is a minor surgical procedure, and the sitting of the central line will be decided by the physician responsible for its placement
3. I may withdraw my consents at any time by speaking with my Anthony Nolan coordinator or the staff at the donor collection centre. The basic risks to the patient have been explained to me and I fully understand the life-threatening implications for the patient if I withdraw after the patient has commenced pre-transplant conditioning treatment
4. I understand that primary responsibility for the insertion of the central line rests with the medical and other professional staff who undertake the procedure
5. I understand that this consent is automatically cancelled if I am found not to be fit to donate blood stem cells using a blood cell separator machine

Please tick this box to confirm your agreement with points **1** to **5** above

<sup>1</sup> DOC857,DOC2612,or DOC3920

<sup>2</sup> DOC1080 or DOC3919

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**C. DONOR AND HEALTHCARE PROFESSIONAL DECLARATION**

**DONOR** I confirm that I have read and completed part B of this form.

<b>Signed by Donor</b>	<b>Date</b>
<b>Donor first name</b>	<b>Donor last name</b>

**HEALTHCARE PROFESSIONAL**

I confirm that I have witnessed the above donor completing part B of this form.

<b>Signed by Healthcare Professional</b> (usually same individual in section A)	<b>Date</b>
<b>First Name</b>	<b>Last Name</b>
<b>Job Title and Email</b> (if not the Healthcare Professional mentioned in section A)	

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**D.CONFIRMATION OF CONSENT FOR PLACEMENT OF A CENTRAL LINE**

**TO BE COMPLETED BY THE DONOR AND THE HEALTHCARE PROFESSIONAL WHEN THE DONOR IS ADMITTED FOR THE PROCEDURE**

**DONOR** please tick the relevant box

I confirm that I have no further questions and that I still wish to proceed with the central line insertion. I confirm that I have not been coerced, paid or received any inducement in relation to this donation

**OR**

I withdraw my consent and will not be proceeding

<b>Signed by Donor</b>	<b>Date</b>
<b>Donor first name</b>	<b>Donor last name</b>

**Healthcare Professional**

<b>Signed by Healthcare Professional</b>	<b>Date</b>
<b>Healthcare Professional first name</b>	<b>Healthcare Professional last name</b>
<b>Job title</b>	<b>Collection centre</b>