

Platelet Donation Consent Form

Donor Information

Full Name

Date of Birth

Address

Phone Number

Medical Declaration

- ☐ I confirm that I have read and understood the information provided about platelet donation.
- ☐ I declare that I am in good health and have disclosed all relevant medical information.
- ☐ I understand that this donation is voluntary and I may withdraw consent at any time.

Additional Comments / Relevant Medical Information

Consent

- ☐ I give my informed consent to donate platelets.

Donor Signature

Date

Witness Signature

Date