

Consent to Release Donor Information

I hereby authorize OneBlood Inc. to release any and all information, including HIV results, in the files maintained by OneBlood Inc. relating to me. In connection with the foregoing, I hereby release and agree to hold harmless OneBlood Inc. from and against any and all use or misuse of such information by any party to whom the same may be released pursuant to this Consent To Release Medical Information.

Donor's Name: Gonaboyina NagaVenkataSomeswaraRao
(Last) (First) (MI)

Date of Birth: 06/16/1993 Last 4-Digits of SSN: 4170

Address: 9619 Fontainebleau Blvd, Apt 219 Miami, FL 33172
(Street) (City/State) (Zip)

Donor's Signature: G. Someswara Rao Date: 05/14/2019

Parent/Guardian Signature: _____ Date: _____
(if donor is a minor)

Witness Signature: _____ Date: _____

Release Records to:

Name or agency: NagaVenkataSomeswaraRao10@gmail.com

Address: 9619 Fontainebleau Blvd, Apt 219, Miami, FL 33172
(Street) (City/State) (Zip)

Phone # (937) 9299592 Fax # () _____ Email: SomeswaraRao10@gmail.com

Send records via: Mail ☐ Fax ☐ E-Mail ☒

This authorization shall remain valid for 12 months from the date signed.

This form is not required for ABO, Rh and Cholesterol results.

Mail/fax completed form to the appropriate OneBlood Donor Advocacy Department below:

☐ 10100 Dr. MLK Jr. Street North
St. Petersburg, FL 33716
Fax #: 727-570-9773

☐ 8669 Commodity Circle
Orlando, FL 32819
Fax#: 407-455-7505

☐ 7595 Centurion Parkway
Jacksonville, FL 32256
Fax#: 904-212-2473



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