

Consent Form

Donor Details

Name: JAZZY

Donor Email: jazzy@gmail.com

Donor Age: 49

Donor D.O.B: 06-05-1976

Blood Group: AB+

Gender: Male

Donor Address: ashdahdadhasd

Treatment Details

District: Aligarh

Blood Center: Blood Center C

Treatment Center: Hope Wellness Center

Block: BLOCKHOPEB

Room No: Room 880

Doctor Name: Dr. Mary Jane

Doctor Contact: 7923456790

I, **JAZZY**, give my consent to the above-mentioned Blood Center to share my health and treatment-related details with the appropriate Treatment Center, if required. I understand the purpose of this and agree to the terms voluntarily.

Signature: _____

Date: 22/05/2025