

Full Name: Tarzan Zing

Blood Center: Blood Center D

District: Lucknow

I, Tarzan Zing, 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: 16/05/2025

I agree to the terms mentioned in this consent form.