

# Consent Form

## Donor Details

**Name:** TJSINGH

**Donor Email:** tjsingh@gmail.com

**Donor Age:** 25

**Donor D.O.B:** 04-02-2000

**Blood Group:** B+

**Gender:** Male

**Donor Address:** LUCKNOW

## Treatment Details

**District:** Bareilly

**Blood Center:** Blood Center D

**Treatment Center:** Lifecare Treatment Hub

**Block:** Main Wing

**Room No:** Room 301

**Doctor Name:** Dr. Sneha Yadav

**Doctor Address:** 40 Street

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I, **TJSINGH**, 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: 21/05/2025