

## Donor Details

Name: TESTING 1

Donor Email: testing@gmail.com

Donor Age: 2

Donor D.O.B: 08-05-2025

Blood Group: AB-

Gender: Male

Donor Address: asdasd

## Treatment Details

District: Jhansi

Blood Center: Blood Center K

Treatment Center: King George Wellness Center

Block: Block B

Room No: Room 201

Doctor Name: Dr. Manish Gupta

Doctor Address: 11 Street

I, TESTING 1, 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: 20/05/2025