

Consent Form

Donor Details

Name: HARSHVARDHAN

Donor Email: harshraj@gmail.com

Donor Age: 26

Donor D.O.B: 06-05-1997

Blood Group: B+

Gender: Male

Donor Address: dfghjk

Treatment Details

District: Bareilly

Blood Center: Blood Center D

Treatment Center: Era Center

Block: BLOCKZ

Room No: Room 545

Doctor Name: Dr. Kirti Saran

Doctor Address: Chowk

I, **HARSH VARDHAN**, 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