

# Consent Form

## Donor Details

**Name:** JASPALSINGH

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

**Donor Age:** 14

**Donor D.O.B:** 02-02-2011

**Blood Group:** B+

**Gender:** Male

**Donor Address:** asdjahsda

## Treatment Details

**District:** Lucknow

**Blood Center:** Blood Center D

**Treatment Center:** Best Hospital Center

**Block:** BLOCKLEVEL1

**Room No:** Room 301

**Doctor Name:** Dr. Harshit Gupta

**Doctor Contact:** 9890123457

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I, **JASPALSINGH**, 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