

## Donor Details

Name: AP Singh

Donor Email: ap@gmail.com

Donor Age: 1

Donor D.O.B: 06-05-2025

Blood Group: B-

Gender: Male

Donor Address: sdaasdasd

## Treatment Details

District: Lucknow

Blood Center: Blood Center D

Treatment Center: Sunrise Treatment Center

Block: Block A

Room No: Room 101

Doctor Name: Dr. Anil Sharma

Doctor Address: Main Road, Test City

I, AP Singh, 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