

User Name: Sachin Singh

Blood Center: Blood Center K

District: Jhansi

I, Sachin 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: 15/05/2025

I agree to the terms mentioned in this consent form.