



National Blood Transfusion Service

Guardamangia Hill,
Pietà PTA 1314 Malta
Tel: 21234047

Website: www.blood.gov.mt
E-mail: customercare.nbts@gov.mt

Blood Donation Centre

St Luke's Square,
Guardamangia PTA 1010 Malta
Tel: 21234767 / 22066201 / 79307307
Free Phone: 80074313

Facebook: www.facebook.com/bloodmalta
Mobile App: Blood Donors MT

DIRECTED DONATIONS: INFORMATION and CONSENT

Information for the Patient

A patient must provide written informed consent in order to receive a directed donation. Both the donor and the patient must complete this form, which can be obtained from the NBTS Pietà or downloaded from the website shown above. For patients under 18 years of age or not in a position to decide for themselves, the consent form must be signed by the legal guardian. Directed donations should be carried out at least one week prior to the procedure for which transfusion might be needed. Directed donations must take place at the NBTS Blood Donation Centre in G'Mangia or the Xewkija Berġa in Gozo.

I, the patient _____ have been informed that:

- The NBTS does not advise patients to receive directed donations from friends and relatives. Studies demonstrate that such directed donations carry more risk of transfusion transmissible infections than those donations given to the general pool. In addition, a donation received from a blood relative carries a higher risk of Graft Versus Host Disease and therefore the donated blood needs to be irradiated prior to transfusion.
- It is the responsibility of the patient/family to inform the caring consultant that directed donations are going to be administered.
- Directed donations cannot be given to other patients.
- Directed donations are only transfused if all the tests required by the department are satisfied.

I, _____ declare that I **have been fully informed** about the directed blood donation procedure and that I was given sufficient time to ask relevant questions.

Patient's Full Name:		I.D. Card No:	
Signature of Patient:		Date:	

Patient Consent

I _____ the patient, accept to receive blood from the donor mentioned below. The operation or blood transfusion is taking place on _____ (date), at _____ (hospital), _____ (ward).

Donor is a **Blood Relative** Yes No

Patient Blood Group: _____ (if known) Donor Blood Group: _____ (if known)

Patient's Full Name:		I.D. Card No:	
Signature of Patient:		Date:	

NBTS Officer's Full Name:		I.D. Card No:	
Signature of NBTS Officer:		Date:	

DONFOR-017-080322-04



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Information for the Donor

The donor must provide informed consent to give a directed donation. Both the donor and the patient must complete this form, which can be obtained from the NBTS Pietà or downloaded from the website shown above. For patients under 18 years of age or not in a position to decide for themselves, the consent form must be signed by the legal guardian. Directed donations should be carried out at least one week prior to the procedure for which the transfusion might be needed. Directed donations must take place at the NBTS Blood Donation Centre in Pietà or the Xewkija Berġa in Gozo.

I, the donor _____ have been informed that:

- The NBTS does not advise patients to receive directed donations from friends and relatives. Studies demonstrate that such directed donations carry more risk of transfusion transmissible infections than those donations given to the general pool. In addition, a donation received from a blood relative carries a higher risk of Graft Versus Host Disease and therefore the donated blood needs to be irradiated prior to transfusion.
- Directed donations cannot be given to other patients.
- Directed donations are only transfused if all the tests required by the department are satisfied.

I _____ declare that I **have been fully informed** about the directed blood donation procedure and that I was given sufficient time to ask relevant questions.

Donor's Full Name:		I.D. Card No:	
Signature of Donor:		Date:	

Donor's Consent

I _____ the donor, accept to give blood to the patient mentioned below. The operation or blood transfusion is taking place on _____ (date), at _____ (hospital), _____ (ward).

Donor is a **Blood Relative** Yes No

Patient Blood Group: _____ (if known) Donor Blood Group: _____ (if known)

Donor's Full Name:		I.D. Card No:	
Signature of Donor:		Date:	

NBTS Officer's Full Name:		I.D. Card No:	
Signature of NBTS Officer:		Date:	

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The personal information provided in this form shall be processed in accordance with the General Data Protection Regulation (GDPR) EU 2016/679, the Data Protection Act (CAP586) and any other law to which the National Blood Transfusion Service (NBTS) may be subject to, for the purposes of collecting and processing blood components. Your personal information will not be disclosed to third parties unless strictly required by law. The retention period of the personal data you provided in this application is stored for a minimum of 15 years. For further information with regards data protection and your rights as a data subject please access our Data Protection Policy from the registration desk or online at <https://blood.gov.mt>