

License no .507
M/24/01/FR/01/20/BB

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Date:.....



Indian Red Cross Society (NHQ)

Blood Centre

Certified by IS/ISO 9001:2015 Accredited by NABH & NABL
1, Red Cross Road . New Delhi -110001 ,Ph: 011-23711551,23716916

Thalassemia Screening Programme

Thalassemia Minor (trait) Screening Consent Form

Name (in Capital letter).....

Father's Name /Husband's Name.....

Date of Birth (dd/mm/yyyy)..... Gender Male Female Others

Nationality Indian Non- Indian Marital status Married Unmarried

Religion Hinduism Christianity Islam Sikhism Jainism Buddhism Others

Community Sindhis Punjabis Gujaratis Marwardis Bengalis Saraswats Gaurs Others

Residential address

..... Pin code.....

Telephone no..... Mobile no E-mail.....

Occupation

History of Thalassemia in Family: Yes / No

History of blood transfusion Yes / No

Marriage among cousins Yes / No

Would like to receive report through Email Whatsapp Courier Self collection

Note:

- Above mention information is for the purpose of analysis only and will be kept confidential.
- In case of "Positive" result for Thalassemia minor, all the members of the family need to be tested for Thalassemia.
- The report of this test will not be valid for any medico legal case.

Consent:

- I have come to know the basic knowledge of Thalassemia through counselling, IEC (information by electronics and communication) material supplied by Indian Red Cross Society (NHQ), New Delhi. I have been also informed that the blood sample shall be collected only for Thalassemia screening.

Signature.....