

Declaration of the donor of blood and blood components (informed consent)

I declare that: (please tick the appropriate box YES or NO)

1. I agree to anonymized collection of a blood sample, which will not be used for the diagnosis of my person, but will be intended for laboratory purposes (e.g., as a control material) during the examination of patients.
 YES **NO**
2. I agree with the presence and participation of students preparing for a medical profession and their pedagogical supervision during the provided health services. **(FNO is a scientific-research and teaching workplace, especially for medical faculties and medical schools).**
 YES **NO**
3. I agree that students preparing for a medical profession, their pedagogical supervision, FNO employees and medical interns participating in educational and scientific research activities, may process data from my medical documentation in the form of viewing, use, arrangement according to Art. 4 Regulation of the European Parliament and of the Council No. 2016/679, and only to the extent absolutely necessary and in the case of students on the basis of authorization determined by a healthcare professional. All processing outputs (student theses, scientific works, publications, presentations, etc.) have an anonymous form, where identification of a specific donor or patient is not possible.
 YES **NO**
4. I agree that my personal data, including the following: name, surname, place of residence, e-mail address, date of birth, number of donations, date of the last donation, health insurance company and telephone number will be disclosed to the Czech Red Cross for the purposes of awarding donors.
 YES **NO**
5. I agree that audio-visual records (photographs, sound, or video recording) of my donation may be taken and used for scientific and study purposes and may be presented at seminars of medical facilities, at congresses or published in expert journals. Records will be taken only of those parts of my body that are directly related to the donation. I have been informed that personal data about me (name, surname) and sensitive personal data (date of birth, social security number) or other signs that would lead to a closer identification of my person will not be published during any of their presentation.
Note: If a photo or video recording containing a face is to be taken, the donor will be asked to sign a separate informed consent.
 YES **NO**

I can withdraw my consent given in points 1 to 5 at any time by filling in a new form "Declaration of the donor of blood and blood components". Revocation of consent does not affect the legality of processing based on the consent that was given before its revocation.

According to Regulation 2016/679 of the European Parliament and of the Council (**GDPR**), donors have the right to be informed about the processing and protection of their personal data. That is why there is a freely available document called "GDPR – General Regulation on the Protection of Personal Data" at every FNO workplace and on the fno.cz website.

Title, name, and surname of the donor:		Birth number:	
In Ostrava, on		Donor signature:	
Responsible FNO worker (stamp):		Signature:	