

Consent for Donor Match Testing

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, born on **[Your Date of Birth]**, hereby give my consent for donor match testing to be conducted on my behalf. I understand that this testing is necessary to determine compatibility for potential organ/tissue donation.

I acknowledge that I have received information regarding the testing process, its purpose, and the potential risks and benefits involved. I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.

By signing this consent form, I agree to participate in the donor match testing and allow the relevant medical staff to perform the necessary procedures. I reserve the right to withdraw my consent at any time prior to the testing.

Sign: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Witness Name: _____

Witness Signature: _____

Thank you for your attention to this important matter.

Sincerely,

[Your Name]