



HTA Model Declaration Form for Clinicians – Allogenic Donation of Bone Marrow and Peripheral Blood Stem Cell Transplantation

Please note that each assessment must be supported by the declaration (as below) and a copy must be attached to the donor’s notes.

I confirm that I have read and understood the HTA’s Codes of Practice on the Donation of allogeneic bone marrow and peripheral blood stem cells for transplantation and on Consent. I have also read and understood the Draft Guidance for Transplant Teams and Accredited Assessors and have applied the principles and procedures accordingly.

Last Name.....

First Name.....

Qualification.....

Unit.....

Signature.....

Date of Assessment [dd/mm/yyyy/.....

PLEASE NOTE THIS DECLARATION DOES NOT NEED TO BE SUBMITTED TO THE HTA.

You should however ensure that this declaration as well as all other accompanying documents (refer to the Guidance document for further detail) are readily available should the HTA require to see them.