



Client Information for Informed Consent

**DONATION OF BLOOD AND/OR ABORTED PREGNANCY TISSUE FOR MEDICAL
RESEARCH, EDUCATION, OR TREATMENT**

Research using the blood from pregnant women and tissue that has been aborted has been used to treat and find a cure for such diseases as diabetes, Parkinson's disease, Alzheimer's disease, cancer, and AIDS.

You can donate your blood and/or pregnancy tissue after an abortion. Before you give your consent, read each of the following statements and initial the line to the right. We will be happy to answer any questions you have.

Before I was shown this consent, I had already decided to have an abortion and signed a consent form for it. _____

I agree to give my blood and/or the tissue from the abortion as a gift to be used for education, research, or treatment. _____

I understand I have no control over who will get the donated blood and/or tissue or what it will be used for. _____

I have not been told the name of any person who might get my donation. _____

I understand there will be no changes to how or when my abortion is done in order to get my blood or the tissue. _____

I understand I will not be paid. _____

I understand that I don't have to give my blood or pregnancy tissue, and this will not affect my current or future care at Planned Parenthood Mar Monte. _____

Signature: _____

Date: _____

Witness: _____

Date: _____



PATIENT NAME: _____

DOB: _____

DATE: _____

_____ Aborted tissue was donated.

_____ Consent for the abortion was obtained prior to requesting or obtaining consent for the tissue donation.

_____ No substantive alteration in the timing of terminating the pregnancy or of the method used was made for the purpose of obtaining the tissue.

Physician's Signature