THE ROYAL WOMEN'S HOSPITAL - MELBOURNE

BLOOD GROUP REQUESTS

Dear Applicant,

Thank you for your enquiry regarding accessing information through the Freedom of Information Act, Blood Group Request subsection.

You can apply for your own blood group information. Birth mother's can also apply for their children's blood group. If you wish to request someone else's blood group information, their consent is required.

There is a standard application fee of $21.70 involved in providing your blood group. Please make cheques payable to The Royal Women's Hospital.

In certain circumstances, the application fee may be waived on the grounds of hardship, e.g. if you hold a Commonwealth Health Care Card (please provide a certified copy of your Health Care Card/Pension Card with your application).

NOTE: Please include a certified photocopy of:

1. **Personal photographic identification (i.e. Driver's Licence or Passport);**
2. **Health Care Card/Pension Card (if applicable)**

Please complete the form provided and send it with the application fee to:

Freedom of Information Clerk
Health Records and Information
The Royal Women's Hospital
Locked Bag 300
Parkville Vic 3052

If you have any queries, please do not hesitate to contact **8345 2610**.

Yours sincerely,

Freedom of Information Clerk
Health Records and Information
Royal Women's Hospital

Ph: 8345 2610 Fax: 8345 2624
E-mail: foi@thewomens.org.au

THE ROYAL WOMEN'S HOSPITAL - MELBOURNE

BLOOD GROUP REQUESTS

APPLICANT'S DETAILS:

Title: ……. Surname: …… Given Name: ……...

Relationship: (i.e. self/parent) ……..
(If you are requesting for someone else's Blood Group information, please complete the authorised consent form and provide a certified photocopy of personal identification of the consenting person.)

Address: …….

Suburb/Town: ……..State/Territory: …… Postcode: …….

Telephone:……..……(Email)……..……

PATIENT DETAILS:

Full name of biological mother: ……

1. Full name of child: ……

   Date of Birth: ……

2. Full name of child: ……

   Date of Birth: ……

PLEASE NOTE: **There is an application/search fee of $21.70 per request.**

Cheques are to be made payable to: The Royal Women's Hospital

(Please provide a Certified Photocopy of applicant's Photo Identification. A Certified Photocopy of Health Care/Pension Card must also be provided for waiving of fee.)

Signature: …… Date: ……..

Health Records and Information – Blood Group charge

For Payment by Credit Card:

Please charge my credit card - Amount: $……..... ☐ Visa ☐ MasterCard ☐ Bankcard

Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Expiry Date: _____

Cardholder name: _____

Signature: _____