

## **LETTER OF COMMITMENT**

We applied to the Family Practice Center No. .... on ..../..../..... to get a Marriage Report. After counseling about Hemoglobinopathies, we signed Consent 1 Form and gave a blood sample for Premarital Hemoglobinopathy screening. We were told that we had to come and get our scan results ourselves.

We accept and commit that we will read and sign the "Pre-Marriage Hemoglobinopathy Screening Informed Consent(2) Form" in case we become a patient/suspect/carrier after receiving our examination result.

We accept and commit that if we do not come to the Family Practice Center to which we applied to donate blood and we do not receive the necessary counseling, in case we are sick or carriers as a result of the screening, all responsibility will belong to us and we will not file any legal or criminal lawsuits against any authorized person, institution or organization.

**FEMALE**  
**APPLICANT**

**Name and surname** :  
**TR Identification number** :  
**Father's name** :  
**Mother's name** :  
**Date of birth:** :  
**Place of birth** :  
**Telephone** :  
**Address** :

**MALE**  
**CANDIDATE**

**Name and surname** :  
**TR Identification number** :  
**Father's name** :  
**Mother's name** :  
**Date of birth:** :  
**Place of birth** :  
**Telephone** :  
**Address** :

**Female Applicant**

**Male Candidate**

**Signature.....**

**Signature.....**

**The person / persons whose identity information is written above have been informed about the Pre-Marriage Hemoglobinopathy Screening Program, and this letter of commitment, which she/he has signed, has been notified to her/him on ..../..../.....**

**Consulting**

**Approving Authority**