

Your interest in marrow donation is to be commended. After reading the enclosed information, if you decide to be HLA typed in order to be listed in the Registry complete both sides of this form and send to Headquarters or your Regional Donor Center. NOTE: Each HLA typing costs the registry \$75.00. Checks made payable to the American Bone Marrow Donor Registry to help defray all or part of this cost are considered tax deductible as allowed under law and are acknowledged. Complete the insurance carrier section below if you think your carrier might reimburse this cost. Reimbursement claims will be filed after payment is received. Mail or fax the completed forms to Headquarters or your Regional Donor Center and you will be sent your test kit.

_____ Yes, I do want to be HLA typed for registration as a marrow donor.
 _____ Please send me the test kit with instructions for the sample collection.

OR

_____ You may take the test kit to your personal physician if you prefer to do that.

_____ Enclosed is my check for \$_____ OR Visa /MC# _____ Exp Date ____/____/____
 Name as it appears on card: _____

_____ I am unable to donate the test cost at this time but would like to be scheduled for testing when funds are available.

Insurance information for possible reimbursement.

Carrier _____ ID# _____ Group _____

Carrier Address _____

Subscriber _____ D/O/B ____/____/____

Employer _____

MEDICAL QUESTIONNAIRE

NAME _____

The following questions are for your protection and to safeguard the patient who might receive your marrow donation. If you have had any illness not covered in the questionnaire, please tell the technician. **THIS INFORMATION IS CONFIDENTIAL**

YES answers to #2, #3, or #4 = **Permanent Restriction**

1. Yes No Are you between the ages 18 and 55?
2. Yes No Have you ever had heart disease, cancer, hepatitis, a positive test for hepatitis or liver disease, or are you an insulin dependent diabetic? (Exception: Hepatitis A)
3. Yes No Have you ever had a positive test for syphilis or HIV?
4. Yes No a. Have you ever taken non-prescribed self injected drugs - EVEN ONCE?
 Yes No b. Have you been a sex partner with an IV drug user since 1977- EVEN ONCE?
5. Yes No Have you ever received Pituitary Growth Hormone? Human Recombinant
6. Yes No Have you ever had any blood disease or prolonged bleeding?
7. Yes No Have you ever been deferred as a blood donor (except for weight)?

YES answers to #7 or #8 = **Temporary deferment for time noted**

8. Yes No Within the past 12 months have you received a blood transfusion, blood injection, acupuncture, or tattoos, ear or skin piercing, or an accidental needle stick?
9. Yes No Are you now or have you been pregnant within the past 4 months?

YES answers to #10 through #17 = **Require medical approval**

10. Yes No Within the past 12 months have you been exposed to anyone with yellow jaundice or hepatitis?
11. Yes No Within the past 12 months have you been hospitalized?
12. Yes No Within the past 12 months have you been exposed to anyone on a kidney dialysis machine?
13. Yes No Within the past 12 months have you had malaria or taken anti-malarial drugs?
14. Yes No Have you ever had chest pains or shortness of breath?
15. Yes No Have you ever had convulsions, seizures, fainting spells?
16. Yes No Are you taking prescribed medication for a continuing medical problem? List under "Comments"
17. Yes No Have you ever had herpes?

YES answers to #18, #19, or #20 **Are acceptable**

18. Yes No Within the past 12 months have you had any vaccinations or immunizations? **List under "Comments"**
18. Yes No Within the past 6 months have you had hepatitis immune globulin?
20. Yes No Please list below and country/countries you have resided in within the past 3 years. **List country below**

COMMENTS OR EXPLANATIONS