DOD BONE MARROW DONOR PROGRAM DONOR INFORMATION AND HEALTH SCREENING

Privacy Act .	Statement
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AUTHORITY:	10 USC \$136 FO 9397
AUTHURITY:	10 050 8150 FU 9597

PRINCIPAL PURPOSE(S): To solicit personal and medical history information from potential donors to determine

eligibility for inclusion in the National Marrow Donor Program Registry.

ROUTINE USE(S): If you are accepted as a donor, your name, Social Security Number, and current address

will be released to the National Marrow Donor Program Registry to arrange for necessary insurance coverage. In regard to the details of your donorship, the National Registry will be furnished only your special donor identification number (not name or Social Security Number), HLA (human leukocyte antigen) type, ABO (red blood cell type), some other lab tests related to marrow donation, race, date of birth and sex. Only the DoD Marrow

Donor Center will be able to match your name with your donor ID number.

DISCLOSURE: Voluntary; however, failure to provide the requested information may result in

disqualification as a potential donor.

I am in good general health. I am donating a blood sample to the Naval Medical Research Institute for HLA typing so that I may be included as a potential marrow donor through the National Marrow Donor Program for any patient in need of marrow transplant in an approved National Marrow Donor Program Transplant Center.

l	agree	to	participate	in	the	National	Marrow	Donor	Program.	-	have	had	an	opportunity	to	review	an
in	formati	iona	l brochure	con	cernii	ng this pr	ogram.	I unders	stand that	Ιn	nay dis	scuss	this	information	fur	ther wit	th a
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no	o furthe	er ai	jestions at t	his	time.												

I agree to the listing of my name, HLA typing, and other pertinent information deemed necessary in a Donor Center of the National Marrow Donor Program. I also agree to the release of specific information from this file to the National Marrow Donor Program. I understand that I may be contacted by this organization in the future. I understand that information released to and included in the National Marrow Donor Program will be listed in a coded fashion and all information will be maintained on a confidential basis so that my identity is protected. I further understand that my identity as a participant in this program will be known only to selected individuals in the program who will not further disclose that information without my consent.

I understand that my consent to participate in the National Marrow Donor Program may be the first step towards becoming a marrow donor. In order to participate in the Program, I consent to donate a small sample of blood for HLA testing. The blood sample is obtained by inserting a needle in my arm. I understand that this procedure is unlikely to cause complications, but there is a small chance of fainting, bleeding, or developing an infection or bruise at the site of the venipuncture.

If my HLA type matches that of any person in need of a marrow transplant, I will be offered a thorough educational program on marrow transplantation before being asked to make a decision about donating my marrow. In addition, a person (donor advocate) not employed by either the Donor Center or the Transplant Center will be available to assist me with any questions I may have. I understand that some forms of marrow transplantation are considered developmental or experimental with limited chances of success. I understand that by my participation in the Marrow Donor Program that I may be contacted by the DoD Marrow Donor Center to obtain informed consent for associated programs.

I understand that I have the right to withdraw from the Program at any time without prejudice to me. I reserve the right to make a final decision about marrow donation for a specific individual at a later date if such opportunity should arise.

SIGNATURE	DATE

DOD BONE MARROW DONOR PROGRAM DONOR INFORMATION AND HEALTH SCREENING

(Please print all information clearly.)

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IN ADDITION, I WILL VOLUNTEER TO BE A PLATELET DONOR (X one)																												
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YES NO below so that your response of			s" answers in detail			
,	d as a blood donor or had problems donating	g blood?				
	b. Have you ever had cancer, diabetes or other chronic illness?					
	ain, shortness of breath, heart attack or oth					
	is, yellow jaundice, liver disease, or positive		and Complete a (AIDC))2			
	ve to Human Immunodeficiency Virus (HIV) (th		icy Synarome (AIDS))?			
	od transfusions or tattoos during the past six	C MONUNS?				
, ,	, or taken any antimalarial drugs?					
	ou taken any prescription drugs?					
i. Have you ever taken Huma						
	by needle not prescribed by a physician?					
k. Are you in good general he I. Explanation of "Yes" responses (Except						
12. AFFILIATION (X one)						
ARMY	MARINE CORPS	DOD CIVILIAN EMPLOYEE				
NAVY		DEPENDENT ACTIVE DUTY				
13. ETHNIC GROUP (X as applicable) (Sinc donors with patients.)	re certain HLA types may be more common	in each ethnic group, this information	n may help in matching			
AMERICAN CAUCASIAN - WESTERN	N EUROPEAN ANCESTRY	AMERICAN CAUCASIAN - EASTERN	I EUROPEAN ANCESTRY			
(1) Dutch (5) Greek	(9) Scottish	(13) Bulgarian	(17) Russian			
(2) English (6) Irish	(10) Spanish	(14) Czech	(18) Yugoslavian			
(3) French (7) Italian	(11) Swiss	(15) Hungarian	(19) Other (List)			
(4) German (8) Polish	(12) Other (List)	(16) Romanian	_			
ASIAN		HISPANIC				
(20) Chinese (23)	Japanese	(26) Central American	(29) South American			
	Southeast Asian	(27) Mexican	(30) Other (List)			
	Other (List)	(28) Puerto Rican				
MIDDLE EASTERN	(34) NORTH AMERICAN AFRICAN	(37) ASIAN INDIAN				
(31) Arabic	(0.7)	()				
(32) Jewish	(35) CARIBBEAN	(38) SCANDINAVIAN				
(33) Other (List)						
	(36) AMERICAN INDIAN	(39) OTHER				
		(Specify up to four)				
14. SIGNATURE		15. D	ATE (MMDDYY)			
16. WITNESS		I				
a. NAME (Last)			(Middle Initial)			
b. SIGNATURE						

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