CONSENT FOR THE REGISTRATION IN THE NATIONAL REGISTRY OF HEMATOPOIETIC STEM CELL VOLUNTARY DONORS

PART I – DONOR IDENTIFICATION

Name

Surname

PIN | | | | | | | | | | | | |

E-mail

Address

Mobile Phone

Home Phone

Work Phone

Temporary Address (non-resident)

PART II – CONTACT PERSONS IDENTIFICATION (optional)

Please provide us with the contact information of other persons who we might contact in case you are unavailable.

First contact person: ◯husband/wife ◯mother/father ◯other

Name

Surname

Address

E-mail

Mobile Phone

Home Phone

Second contact person: ◯husband/wife ◯mother/father ◯other

Name

Surname

Address

E-mail

Mobile Phone

Home Phone

Please inform the contact persons whom you have provided above.

PART III – ETHNICITY INFORMATION (optional)

Persons belonging to the same ethnic group are much more frequently compatible. For this reason, we ask you to indicate your ethnic origin and/or that of your parents and grandparents. For example, if one of the parents or grandparents belongs to another ethnicity, such as Ukrainian or Polish, please indicate it, even if you are born in Romania.

☐ Romanian	☐ German	☐ Serbian	☐ Greek
☐ Hungarian	☐ Russian/Lipovan	☐ Slovakian	☐ Jewish
☐ Romany (gipsy)	☐ Turkish	☐ Bulgarian	☐ Other (specify)
☐ Ukrainian	☐ Tatar	☐ Croatian	

Weight (kg)

Height (m)

By signing this form, I agree to be registered into the hematopoietic stem cells donors database of the National Registry Of Hematopoietic Stem Cell Voluntary Donors and to donate hematopoietic stem cell for a patient that is not related to me, from the country or from abroad.

I was informed that RNDVCSH is a personal data operator and I agree for the data I provide to be processed. RNDVCSH undertakes to utilize the data solely for the established destination and to ensure the protection and confidentiality thereof, according to the legislation in force.

I read and understood the information from the declaration concerning the confidentiality of the personal data, the information leaflet of the donor, I had the possibility to discuss and ask questions and I received answers to the questions I addressed.

I DECLARE THAT I ACKNOWLEDGED, UNDERSTOOD AND I AGREE WITH THE FOLLOWING:

- The donation is voluntary and unpaid, is performed for humanitarian purpose, has a selfless nature and does not represent the object of some documents or legal deeds in order to obtain a material or other advantage;
- The donation is anonymous both for the donor, as well as for the patient.
- I have the right to choose, prior to the donation, the method for donating hematopoietic stem cells: from the peripheric blood, by apheresis, after taking a 5 days treatment of increasing factors or from the bone marrow, under general anesthesia.
- To fill in a health condition self-assessment form;
- To have my blood samples or mouth mucosa cells collected for performing HLA templates tests and for detecting some transmissible diseases;
- To have a blood/DNA sample kept in order to perform additional compatibility tests or other analysis;
- To have new blood sampled collected from me in order to verify the HLA templates and for detecting some blood transmissible diseases, if I am selected as possibly compatible with a patient;
- To be informed and advised if the tests results are not normal;
- Exceptionally, to be solicited, following the donation, for a new collection of hematopoietic stem cells or additional cellular products for the same patient;
- The information concerning identification data, the test results (including the histocompatibility tests) to be made available, under anonymity, by RNDVCSH to similar international transplant centers/institutions/bodies.

SCIENTIFIC RESEARCH CONSENT

The blood/DNA sample and/or my personal data can be used, with my consent, for scientific research purposes in the field of hematopoietic stem cells transplant.
(Select one of the options mentioned below)

◯ I agree with the research with being contacted

◯ I agree with the research only after I am contacted

◯ I do not agree with the research

Therefore, I undertake:

- To become a hematopoietic stem cells donor and to remain a member of RNDVCSH as possible until I am 60 years old. I know that this commitment can be withdrawn at any moment.
- To inform RNDVCSH any time there are modification in personal data, health condition or in case of changing the decision to be a donor; I can be contacted annually by RNDVCSH for updating personal data.

Name and surname of the donor

Signature

Date
(yyyy-mm-dd)

NAME

SURNAME

1. VERIFICATION OF ENLISTING CRITERIA

Before filling the form, verify the requirements for enlisting in the RNDVCSH below:

- ✓ You are 18 to 45 years old
- ✓ You weigh more than 50 kg
- ✓ You live in Romania

Unfortunately, you cannot enlist in the RNDVCSH, if:

- ✕ You or your partner ever had positive results for or HIV or HTLV (T cells leukemia virus) or B hepatitis virus for C hepatitis virus infection.
- ✕ You are already enlisted in another hematopoietic stem cells registry in another country;
- ✕ You have or had any of the following disorders:
  - Cancer
  - Auto-immune diseases, such as:
    - Vasculitis
    - Ankylopoietic spondylitis
    - Crohn's disease
    - Multiple sclerosis
    - Severe myasthenia
    - Rheumatoid arthritis
    - Sarcoidosis
    - Systemic Erythematosus Lupus (LES)
    - Ulcerous colitis
  - Coronary disease (angina pectoris, myocardial infarction), heart failure, bypass surgery or cardiac valve replacement
  - Diabetes (if it is not kept under control through diet)
  - Emphysema/Chronic obstructive pulmonary disease (BPOC)
  - Epilepsy
  - Hemophilia or other hemorrhagic disorders
  - Pulmonary Embolism (blood clots in the lungs)
  - Schizophrenia
  - Sever latex or anesthetics allergy
  - Sickle cell anemia/ Mediterranean anemia (minor sickle cell anemia is accepted)
  - Stroke
  - Thalassemia

2. WHAT YOU MUST DO

- To fill in the form in black ink or pen
- To check your answers in the corresponding boxes ☐
- To write legible, with CAPITAL LETTERS

This is a screening questionnaire. Depending on your answers, you might ask you for more details.

3. WHAT ARE YOU COMMITTING TO

When enlisting in RNDVCSH, there are a few aspects that we wish you understand. Thus, if you are found to be compatible with a patient in need, it is good for you to know and understand that:

- Blood samples must be collected from you to confirm compatibility.
- You can choose to donate by one of the two donation methods:

1. 90% of persons donate stem cells collected from the peripheric blood. If you choose this method for donation, you will be administered for four or five days a series on injections that will increase the number of stem cells in the peripheric blood. Following the donation, you might need one or two rest days for recovery.
2. 10% of the persons donate stem cells collected from bone marrow. It means that you will spend two nights in a designated hospital where you will donate bone marrow collected by puncture in the wide basin bones, under general anesthesia. Following the donation, you might need a few recovery days, but not more than a week.

- You might be compatible and might be asked to donate for a patient who lives anywhere in the world.
- The donation will always take place in Romania.
- The donation procedure is anonymous both for you, as well as for the patient.
- By means of the Registry you can communicate with the patient.

4. WHAT'S NEXT?

- You will remain enlisted in the registry until the age of 60 years old. It is very important to contact you if you are ever found to be compatible with a patient, therefore we ask you to maintain your contact date updated on www.registru-celule-stem.ro/actualizeaza-datele
- By registering into the RNDVCSH you can give a change to life to a person with leukemia or another blood cancer. It is incredible, so don't keep this a secret. Tell your friends, family and entourage about the wonderful you might do one day.

Donează o șansă la viață

MEDICAL QUESTIONNAIRE FOR THE REGISTRATION IN THE NATIONAL REGISTRY OF HEMATOPOIETIC STEM CELL VOLUNTARY DONORS

This medical questionnaire is used for evaluating the possibility for you to donate, in accordance with the medical recommendations for protecting your health as potential donor, as well as the health of the patient. The questions below investigate multiple factors that might determine if a person is eligible from a medical standpoint to be part of the Registry. The questions do not include every situation that might make a person unable to donate, so, if you have any other question or doubt regarding the possibility for you to register as potential voluntary hematopoietic stem cell donor, contact the Registry or discuss with the personnel of the Hematopoietic Stem Cell Donor Center.

A. General Information

Name and surname

PIN | | | | | | | | | | | | |

B. General health information

Do you consider yourself healthy?	Yes ○	No ○
Are you a blood donor? If yes, where do you usually donate? The date of the last donation:	Yes ○	No ○
During the last 12 months, were you refused from donating blood or did you have problems during the donations? If yes, what is the reason:	Yes ○	No ○
Did you ever receive blood/transfusion?	Yes ○	No ○
Are you a smoker? If yes, for how many years? No. cigarettes/day	Yes ○	No ○
Do you usually consume alcoholic beverages? If yes, mention the quantity/day	Yes ○	No ○
Do you take any medicine on a regular basis, including aspirin? If yes, what medicine And for what condition?	Yes ○	No ○
Did you ever undergo any major or minor surgery? If yes, mention the date and nature of the intervention	Yes ○	No ○
Did you suffer from unexplainable fever?	Yes ○	No ○
Did you ever suffer a sever accident (on the road, at work, in the household or playing sports)? If yes, mention the date: Do you still have consequences of this accident?	Yes ○	No ○
Were you ever admitted into a hospital for another reason? If yes, mention the date and the reason:	Yes ○	No ○
Did you receive and vaccine in the last 12 months? If yes, mention:	Yes ○	No ○
Do you have or did you ever have hepatitis or jaundice?	Yes ○	No ○
Were you ever treated for tuberculosis, malaria, syphilis, brucellosis, Chagas disease? If yes, mention the date and condition:	Yes ○	No ○
Did you ever suffer from rheumatic fever?	Yes ○	No ○
Do you suffer from any cardiovascular disease? If yes, mention the condition:	Yes ○	No ○
Did you ever suffer a stroke?	Yes ○	No ○
Did you ever have, or do you have increased/reduced blood pressure? If yes, mention:	Yes ○	No ○
Do you suffer from asthma?	Yes ○	No ○
Do you suffer from any allergy? If yes, mention:	Yes ○	No ○
Did you ever have convulsions, epilepsy or diseases of the nervous system? If yes, mention:	Yes ○	No ○

Did you ever have tetany or spasmophilia crisis?	Yes ○	No ○
Did you ever take antidepressants treatments or treatment for other mental disorders? If yes, mention:	Yes ○	No ○
Do you suffer from diabetes?	Yes ○	No ○
Do you suffer from any endocrinological disease? If yes, mention:	Yes ○	No ○
Do you suffer from any digestive disease? If yes, mention:	Yes ○	No ○
Are you suffering or did you ever suffer from a lung disease? If yes, mention:	Yes ○	No ○
Are you suffering or did you ever suffer from anemia or other blood disorder? If yes, mention:	Yes ○	No ○
Did you ever have thrombosis, phlebitis, abnormal bleeding?	Yes ○	No ○
Are you suffering from any renal or urinary disorder? If yes, mention:	Yes ○	No ○
Are you suffering or were you ever treated for a tumor? If yes, mention:	Yes ○	No ○
Are you suffering from a spine disorder? If yes, mention:	Yes ○	No ○

C. Questions regarding the risk to anesthesia

Are there, in your family, persons with problems in the heart, cerebral-vascular, coagulation, allergies, chronic diseases, cancers? If yes, mention:	Yes ○	No ○
Did you ever undergo anesthesia? If yes, did you have complications or adverse reactions?	Yes ○	No ○

D. Questions regarding infectious diseases:

During the last year, did you suffer from or did you have symptoms for any of the following diseases, such as:

☐ AIDS/HIV Infection ☐ Chagas Disease ☐ Syphilis
☐ Jaundice or hepatitis ☐ Brucellosis ☐ Tuberculosis
☐ Malaria

E. Questions regarding the risk of being infected with HIV/HBV/HCV

Did you read and understand the information related to AIDS (HIV infection) and hepatitis?	Yes ○	No ○
Did you ever use injectable substances that were NOT prescribed by the physician?	Yes ○	No ○
In the last 12 months, did you have a risk behavior (intercourse with someone who is taking drugs, intercourse with multiple partners, tattoo, piercing, acupuncture)?	Yes ○	No ○
Were you exposed to infections such as hepatitis, HIV/AIDS or blood transmissible diseases, by contact with a family member or through you work?	Yes ○	No ○

F. Other aspects

Did you go to the dentist in the last 6 months?	Yes ○	No ○
Were you ever pregnant? If yes, how many births did you have? how many abortions did you have?	Yes ○	No ○
Are pregnant or in confinement?	Yes ○	No ○
Did you go abroad in the last 6 months? If yes mention the date and the country:	Yes ○	No ○

G. Do you have any questions or observations?

Yes ○ No ○

If yes, mention:

I have verified the registration criteria and I give my consent to be registered in the RNDVCSH.

Name and surname of the donor

Signature

Date
(yyyy-mm-dd)

TO BE FILLED IN BY THE REPRESENTATIVE OF THE HEMATOPOIETIC STEM CELL DONORS CENTER/NATIONAL REGISTRY OF HEMATOPOIETIC STEM CELL VOLUNTARY DONORS

How did the person decide to be registered in the RNDVCSH?

- ☐ He/she was previously tested for family member
- ☐ He/she was informed by accessing the website
- ☐ He/she found out from friend/acquaintances
- ☐ He/she found out from the media
- ☐ Other way

The hematopoietic stem cells donor is a blood donor

- ◯ registered blood donor — Blood donor code
- ◯ new blood donor — CTS code from he/she donates

The date of the last blood donation — Code of the last blood donation

Blood type: ◯ 0 ◯ A ◯ B ◯ AB

Rh: ◯ Positive ◯ Negative

MEDICAL TESTS REPORT

Name of the laboratory test	Result	Date when the test was performed (yyyy-mm-dd)
Ac anti-HIV 1/2		
HIV p24 antigen		
Ag HBs		
Ac anti-HBs		
Ac anti-HBc		
Ac anti-HCV		
Anti-HTLVI/II		
TPHA		
Ac anti-CMV IgG		
Ac anti-CMV IgM		

Name and surname of the representative of the Hematopoietic Stem Cells Donors Center

Signature

Date
(yyyy-mm-dd)

GRID

Place for label