

Donor enrolment Bone marrow/blood stem cells

If you are thinking about joining the registry and becoming a donor, check the eligibility and exclusion criteria below before completing the enrolment form.

Donor eligibility

To join the ABMDR you must answer 'yes' to these two questions:

Have you read the ABMDR donor information materials (Joining the Bone Marrow Registry brochure or ABMDR website information)?

Yes No

Are you aged between 18 and 45?

Yes No

Exclusion criteria

The following conditions are exclusions to becoming a bone marrow/blood stem cells donor. If you answer 'yes' to any of these, you are ineligible to join the registry.

Do you know of anyone in your family who had or has: Creutzfeldt-Jakob disease (CJD), Gerstmann-Straussler-Scheinker syndrome (GSS) or fatal familial insomnia (FFI)?

Yes No

Have you ever suffered from thalassemia major, sickle cell disease, Fanconi anaemia or haemophilia?

Yes No

Have you ever received an organ transplant or corneal or dura mater graft?

Yes No

Did you receive injections of human growth hormone for short stature, or human pituitary hormone for infertility prior to 1986?

Yes No

Have you ever suffered a stroke or a heart attack?

Yes No

Have you ever had cancer? Please include any cancer at any time of your life, except basal cell carcinoma (BCC) of the skin, squamous cell carcinoma (SCC) of the skin, and pre-cancerous conditions such as cervical abnormalities.

Yes No

Have you ever 'used drugs' by injection or been injected, even once, with drugs not prescribed by a doctor or dentist?

Yes No

Have you ever had a positive test for HTLV or HIV?

Yes No

Temporary exclusions

The following conditions are temporary exclusions to becoming a bone marrow donor. If you answer 'yes' to any of these, you are ineligible to join at this time. You might be able to join in the future if your answers change to 'no'.

Are you pregnant or breastfeeding or have you been pregnant in the last 9 months?

Yes No

Within the last 12 months:

Have you had male to male sex?

Yes No

Have you had sexual activity with a male who has ever had sex with a male?

Yes No

Have you been a sex worker (e.g. received payment for sex in money, gifts or drugs)?

Yes No

Have you engaged in sexual activity with a male or female sex worker?

Yes No

Why are you joining the registry?

Select only one of the three options below.

- I am joining as a new ABMDR donor.
- I am registered with an overseas registry and wish to transfer to the ABMDR: Name of overseas registry
- I have been previously tested for a family member and wish to join the ABMDR: Name of family member
- Date you were tested Place you were tested

Donor identification

Family name

Given name Middle name(s)

Date of birth / / Female Male

Home phone () Work phone ()

Mobile

Email

Mailing address

State Postcode

Home address (if different from mailing address)

State Postcode

Details of spouse and nominated contact persons

If you are needed in the future, contacting you may be of critical importance. Please notify your contacts to let them know that their personal details have been supplied to the registry for this purpose.

Your spouse or partner's contact details (if applicable)

Family name Given name Middle initial(s)

Work phone () Mobile

Email

First contact (not living with you) : Relationship to you

Family name Given name Middle initial(s)

Phone () Mobile

Email

Mailing address

State Postcode

Second contact (not living with you) : Relationship to you

Family name Given name Middle initial(s)

Phone () Mobile

Email

Mailing address

State Postcode

Race and ethnicity information

The ABMDR collects information on your ethnicity as there is a strong linkage between your genetic background and your tissue typing. This data helps provide the best match between donors and patients and can speed up the search process. Please select all that apply.

Oceanian

- Aboriginal Australian/Torres Strait Islander
- Maori
- Melanesian
- Papua New Guinean
- Micronesian
- Polynesian

European

- North West European
- Southern European
- South Eastern European
- Eastern European
- Eastern European Jewish

African and Middle Eastern

- Arab
- Middle Eastern Jewish
- Other Middle Eastern
- North African
- Central and West African
- Southern and East African

Americas

- African American
- Hispanic North American
- Native North American Indian
- South American
- Central American
- Caribbean Islander

Asian

Mainland SE Asian

- Lao
- Thai
- Vietnamese
- Other Mainland SE Asian (eg Burmese, Khmer)

Maritime SE Asian

- Filipino
- Indonesian
- Other Maritime SE Asian (eg Balinese, Timorese, Malay)

Chinese Asian

- Northern Chinese
- Southern Chinese
- Western Chinese
- Taiwanese
- Other Chinese Asian

NE Asian

- Korean
- Japanese
- Other NE Asian (eg Mongolian)

Southern Asian

- Indian
- Pakistani
- Other Southern Asian (eg Sri Lankan)

Central Asian

- Central Asian (eg Afghan, Armenian, Georgian)

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Consent

I have read the donor brochure including the information about the ABMDR privacy policy. I have had the opportunity to ask questions and they have been discussed and answered to my satisfaction. I understand that under this consent I am agreeing to:

- (a) being included as a volunteer donor on the Australian Bone Marrow Donor Registry (ABMDR);
- (b) the collection of blood samples (including DNA) from me when required for the purpose of tissue typing and infectious disease screening;
- (c) the Registry collecting, storing, using and disclosing personal and health information about me for the operation of the Registry;
- (d) the retention and storage of the blood samples (including quality assurance testing and other operational management processes) by the Registry, the Australian Red Cross Blood Service, and other health services working with the Registry; and
- (e) information about me, my health and my tissue type (but which does not identify me by name) being available to other registries around the world.

I agree to keep the Registry updated with my contact details so that the Registry is able to contact me as required. I agree to allow the Registry to contact Medicare Australia for assistance in contacting me.

I understand that if I am found to be a suitable match for a patient, I will be contacted and asked at that time whether I want to proceed with donation of bone marrow or blood stem cells for the purpose of patient treatment. If I agree to proceed, I will be provided with further information and asked to sign a separate consent for this process at that time.

In particular, I understand:

- the volunteer nature of this activity and that no payment will be made to me (other than reimbursement of some basic expenses involved in the process of becoming a donor).
- that I have the right to withdraw my agreement to being included as a potential donor on the ABMDR at any time by notifying the Registry in writing.
- that the Registry is part of a worldwide network of bone marrow and blood stem cell donor registries.
- that if I am found to be a suitable match for a patient, I will be asked to attend a physical examination and have further blood tests performed, including for infectious diseases.
- that the Registry does not release information about donors that would identify the person by name, other than for the purpose of enabling the Australian Red Cross Blood Service and other health services working with the Registry to contact me if I am matched to a suitable potential transplant recipient.
- that operational and other clinical requirements may prevent my ongoing retention on the Registry.

Use of my information and blood samples for research

The information and blood samples held by the ABMDR are a valuable resource for medical research. De-identified information about donors and their health, their tissue types and blood samples can be made available to researchers subject to approval by the Registry's Ethics Committee.

Please select which option you prefer:

- I consent to the use of my blood samples, and information which does not identify me, for ethically approved research.
- I do not agree to the use of my information and blood samples for research at this time, but I am happy to be contacted from time to time by the ABMDR to see if I wish to participate in a specific ethically approved research study.
- I do not agree to the use of my information and blood samples for research.

Donor name

Donor signature

Date / /

Witness name

Witness signature

Date / /

Blood Service and other recruitment staff to complete

Donor is: An existing blood donor A new blood donor Not a blood donor

Blood donor ID

Date of ABMDR sample collection / / Place of donation

Blood group: A B O AB RhD positive RhD negative

Donor height..... (cm) Donor weight..... (kg) | CMV: Reactive Non-reactive Unknown

Recruitment staff name Position

Signature Date / /

Donation number (place barcode here)

The need for an interpreter or any modifications to the form must be signed and dated.