

## Informative Interview with Donor before Collection

To completed by a physician of the work-up centre

<b>Donor name:</b>		<b>Birth ID No.:</b>		Search no.
Phone No.:		Insurance Company		Donor code
E-mail:				
Address:	BG/Rh:	Weight/height	Number of pregnancies /Woman/	

Donor's identity verification:

- Donor's identity was verified

Was the donor provided with the following:

- sufficient time for detailed discussion?  
 possibility to be accompanied by a close relative or friend, if they wanted?  
 presence of a donor's counsel?

Detailed information provided to the donor:

- Medical examination
- Bone marrow donation
- anaesthesia
  - autotransfusion
  - collection itself
  - risks and side effects of the aforementioned
- PBSC donation
- growth factor - reason for and manner of application
  - PBSC collection /apheresis/
  - central venous cannula
  - risks and side effects of the aforementioned
- The right to withdraw from the collection and explanation of consequences for the patient in case of withdrawing at the time of the patient's preparatory regimen
- Blood sample collection for:
- the examination of infectious markers
    - the consequence of communication of a disease from the donor to a patient
    - the selection of the method of announcement of the positive result
  - research - the purpose and request for additional consent
- Donor/patient anonymity
- Confidentiality of the whole process
- Donor insurance
- Unpaid donation (compensation of spent expenses only, the entitlement for 4 days off)
- Release from the payment of fees in medical facilities in relation to donation
- Repeated donation
- Pregnancy is contraindication to donation

**Donor**

- Completed the medical history questionnaire
- Signed the informed consent

Physician's name: .....

Date.....

Physician's signature: .....

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