

DONOR HEALTH INTERVIEW

This SOP contains a detailed list of the questions of the health interview for the stem cell donor and the text to which the donor gives his consent. The health questionnaire is carried out in electronic form. The content of the list of questions in this SOP coincides with the electronic questionnaire. The electronic health questionnaire and this SOP are updated simultaneously, and version control is based on the effective date of updates to this guide. No other version identifiers are used.

A health interview is done when the stem cell registry donor is invited to confirmatory typing (A-form) and selected as a donor (B-form).

The processing of the health questionnaire is described in the SOP YLO-0026.

Page	Form A questions, guiding texts and consents, English
1	<p>Based on preliminary studies, you have been found to be a potential donor for a patient needing stem cells. Please answer the questions carefully and truthfully. Once you have completed the questionnaire, the Stem Cell Coordinator will contact you by phone. The coordinator will go through the form with you once more and you will be able to ask questions, if necessary. You will also agree on when and where the blood tests will be taken. Your tissue type, infectious disease markers and ABO and Rh blood groups will be analyzed.</p> <p>These tests are used to determine your eligibility for donation. The most important determinants of eligibility are tissue type matching, as well as your health status and infectious disease marker results.</p>
1	<p>Address Email Telephone number</p> <p>Gender</p> <p>Height (cm) Weight (kg) BMI</p>
2	<p>A stem cell donor must be healthy and between 18 and 55 years of age. We will evaluate your eligibility for donating stem cells based on this health questionnaire, laboratory tests and a medical evaluation. The purpose of the eligibility assessment is to guarantee your safety and to minimize risks to the patient who receives the stem cell transplant.</p> <p>Please read more information about additional examinations from Blood Service website.</p>
2	<input type="checkbox"/> I have read and understood what additional examinations phase means to me.
3	<p>Will you be available for donation during the next few months? Are you planning to travel in the near future?</p>
4	Are you a blood donor?
4	<p>Have you ever received blood or blood products?</p> <p>YES: → If you have ever had a blood transfusion in South and/or Central America a blood sample will be taken in order to test for Trypanosoma cruzi antibodies and thereby eliminate the possibility of Chagas disease.</p>
5	<p>Are you currently pregnant? Have you ever been pregnant? Are you currently planning to become pregnant?</p>
5	Do you smoke regularly?
5	Do you use alcohol regularly?
5	Have you ever used or do you use drugs without a doctor's prescription?

6	<p>Have you as a child (under 16 years) lived in South or Central America? YES: → If you have lived in South and/or Central America as a child you may be an asymptomatic carrier of Trypanosoma cruzi. A blood sample will be taken in order to test for Trypanosoma cruzi antibodies and thereby eliminate the possibility of Chagas disease. You are eligible only if no antibodies are detected.</p>
6	<p>Have you lived in a malaria area when you were less than 5 years old? YES:→ If you have lived in a malaria area when less than 5 years old you may be an asymptomatic carrier of malaria. Presence of malaria antibodies will be tested in the Blood Service laboratory. If malaria antibodies are detected, you may not be eligible for donation. Fill in the rest of the questionnaire please.</p>
6	<p>Have you lived in or visited an area infested with malaria during the past 3 years? YES: → If you have lived in or visited a malaria area during the past 3 years you may be an asymptomatic carrier of malaria. Presence of malaria antibodies will be tested in the Blood Service laboratory. If malaria antibodies are detected, you may not be eligible for donation. Fill in the rest of the questionnaire please.</p>
6	Have you ever had malaria or another tropical disease, such as Dengue fever or Zika?
6	Have you recently visited a country with active zika virus transmission?
6	Has your male sex partner during the last 3 months visited a country with active zika virus transmission?
7	Do you currently use any prescription or over-the-counter medication (aspirin included), natural products, or dietary supplements?
7	Have you been diagnosed with depression or some other mental illness?
7	Do you have or have you had back pains?
7	Have you ever been hospitalized for a long period or a serious disease?
7	Have you ever had an endoscopic examination?
8	Have you ever had surgery?
8	Have you had anaesthesia?
8	Have you ever had a concussion, sustained trauma to the head or central nervous system?
8	Have you had a tissue or an organ transplant?
8	Have you ever used growth hormone?
8	Have you received hormonal infertility treatments abroad?
9	Do you have or have you ever suffered from high or low blood pressure?
9	Do you have or have you ever suffered from chest pains, arrhythmia or some other cardiac condition such as coronary heart disease?
9	Have you ever had a severe allergic reaction (anaphylaxis) that required hospital treatment?
9	Do you have or have you ever had latex allergy?
9	Do you have or have you ever had a lung disease (such as asthma, tuberculosis, sarcoidosis)?
9	Do you have or have you ever suffered from dizziness, attacks of loss of consciousness or other neurological symptoms?
10	Do you have or have you ever suffered from other serious or chronic illnesses such as diabetes, rheumatic disease, cancer, tumor, or a liver, kidney or bowel disease, or hypothyroidism, hyperthyroidism or epilepsy?
10	Do you have or have you ever had sleep apnoea?
10	Do you have or have you ever suffered from coeliac disease, psoriasis, alopecia areata or vitiligo?

10	Have you had a vein thrombosis or do you or someone in your immediate family have a hereditary bleeding or thrombotic diathesis (such as Factor V Leiden mutation, APC resistance)?
11	Have you had acupuncture during the past 4 months?
11	Have you had a tattoo on your skin or had your skin pigmented during the past 4 months?
11	Have you had your skin pierced during the past 4 months?
11	Have you treated hepatitis patients at work during the past 4 months?
12	Have you been pricked with a used needle or been exposed to another person's blood during the past 4 months?
12	Have you or your sex partner or anyone living in the same household with you ever had hepatitis or been infected with HIV or AIDS?
12	Have you or any of your close relatives been diagnosed with Creutzfeldt-Jakob disease (CJD)?
12	Have you or your sex partner ever used injectable drugs, drugs of addiction or anabolic steroids or hormones without a doctor's prescription?
12	Have you ever had syphilis or have you been treated for some other venereal disease?
12	Have you had a new sex partner during the past 4 months?
12	Have you or has your sexual partner paid or received payment for sex during the past 4 months?
12	Question to a man: Have you had sex with another man?
13	Are you currently under medical care or observation?
13	Are there any other issues regarding your health or the treatments you have received that you would like to report? E.g. about recently occurring infectious diseases or exposure to them (e.g. corona, monkeypox)?
13	<p>Do you give your consent to give a blood test and that your name and personal identity code can be disclosed to the person taking the blood sample needed for further tests?</p> <p>Yes* + info:</p> <p>Giving consent is the prerequisite for the continuation of the process. Please note that your information will be handed over only to a person taking the blood sample who is a healthcare professional and has obligation of confidentiality.</p>
13	<input type="checkbox"/> I hereby affirm that I have answered the questionnaire questions truthfully and to the best of my knowledge.

Page	Form B questions, guiding texts and consents, English
	<input type="checkbox"/> I have read and understood the information package. I agree that my personal data (name and personal identification number) and the results of this health survey will be handed over to the physician performing the evaluation of donation eligibility and the staff performing the stem cell collection.
1	Have there been any changes in your health status after last interview?
2	Have you travelled abroad during the past 4 months?
3	Have you had a new sex partner during the past 4 months?
4	Have you had acupuncture during the past 4 months?
5	Have you had a tattoo done on your skin or had your skin pigmented during the past 4 months?
6	Have you had your skin pierced during the past 4 months?
7	Have you treated hepatitis patients at your work during the past 4 months?
8	Have you been pricked with a used needle or been exposed to another person's blood during the past 4 months?
9	Have you or your sex partner or anyone living in the same household with you ever had hepatitis or been infected with HIV or AIDS?
10	Has a close relative such as your parents, siblings or children ever had leukemia?

11	<p>Do you agree that your name, your personal identity code, and the contents of this health questionnaire can be disclosed to the medical professionals that evaluate your eligibility and to the personnel performing the stem cell collection?</p> <p>Yes* + info: Your consent is required for the continuation of the process.</p> <p>Please note that your information will be disclosed only to such healthcare professionals who are involved in the donation process. They all have a duty of confidentiality.</p>
	<p><input type="checkbox"/> I hereby affirm that I have answered this questionnaire truthfully and to the best of my knowledge.</p>
	<p>Thank you! The physician who evaluates your eligibility as donor will call you by telephone within the next few days. He/she will review this questionnaire with you once more. At that time you can also ask questions, and if needed explain your answers to the questionnaire. During the call you will also agree on a date and time for the medical evaluation. If travel arrangements need to be made, the coordinator from the Stem Cell Register will also contact you.</p>