Oslo
University Hospital

**You are being considered as a potential bone marrow donor**

The Norwegian Bone Marrow Donor Registry receives searches for a potential bone marrow donor for both Norwegian and foreign patients. You have been identified as a potential "HLA match", and the patient's physician is requesting more detailed HLA typing (tissue typing) of you. The evaluation of you (and perhaps other potential donors) may take weeks or months, but we will contact you as soon as we are informed whether you still are a donor of interest for the patient.

Together with the evaluation there will be performed a detailed tissue typing, and possibly testing of infection disease markers (virus testing). Sometimes we also want to store your blood sample, in case additional tissue typing or other testing will be needed later.

When a patient has a bone marrow transplant, the patient receives new blood forming stem cells from the donor. This is why a bone marrow transplant is also called stem cell transplant, and a bone marrow donor is also called a stem cell donor.

When you are healthy, donating bone marrow or peripheral blood stem cells has a very low risk. Since some health problems may increase the risk of complications, we ask a lot of questions concerning your health.

Both blood and cells may transmit an infectious disease from a donor to a patient. You can be a carrier of transmissible infective agents without knowing. That is why all bone marrow donors are tested for infection disease markers. Even though these tests are highly reliable, a person with a normal blood sample may still be a carrier of an infectious disease at a given time. To evaluate if there is any risk of transmission of infectious diseases to the patient we ask a lot of questions concerning situations where you may have been exposed to infectious diseases.

Please note that some questions answered "yes" will not necessary exclude you from further consideration as a donor. Some questions are based on international standards and may have low significance for conditions in Norway.

If you agree to be evaluated as a donor, please fill in the enclosed self-health assessment questionnaire. The staff at The Norwegian Bone Marrow Donor Registry has professional secrecy. Information from the self-health assessment questionnaire will be of internal use in The Bone Marrow Donor Registry. Some information relevant for the patient you are under consideration for, as for instance allergies, may be forwarded to the patient's physician in an anonymous way.

When answering "yes" to the question at the end of the self-health assessment questionnaire enclosed, you are agreeing to be evaluated for a donation. Even if you are agreeing to be evaluated, you can withdraw at any time – if you want to.

If you have doubts whether you can be a bone marrow donor, or you have other questions, please feel free to contact The Norwegian Bone Marrow Donor Registry at telephone +47-2307-3770 or email nordonor@ous-hf.no. You can also visit our website www.nbmdr.org for more information.

Best regards,

The Norwegian Bone Marrow Donor Registry

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## Self-Health Assessment Questionnaire page 1

**Please fill in:**

| | | |
|---|---|---|
| Name: | Social security number: | ISL-nr.: |
| Address: | | |
| Zip code/City: | Phone: | |
| Employer: | E-mail: | |

| **Please answer:** | | |
|---|---|---|
| Do you feel healthy now? | Yes ☐ | No ☐ |
| Have you ever donated blood? | Yes ☐ | No ☐ |
| Do you take any medications on a regular base? If yes, which ones? | Yes ☐ | No ☐ |
| Do you have any allergies? If yes, which ones? | Yes ☐ | No ☐ |
| Have you ever had Covid-19 infection? If yes, when? | Yes ☐ | No ☐ |
| Have you been vaccinated against Covid-19? | Yes ☐ | No ☐ |
| | | |
| **Have you during the last six months:** | | |
| - been to a medical check-up or been hospitalized, or been treated for any illness? | Yes ☐ | No ☐ |
| If yes, when and where? | | |
| - been outside Western Europe? | Yes ☐ | No ☐ |
| If yes, when and where? | | |
| - had sexual contact with a person who has received blood or blood products outside Scandinavia? | Yes ☐ | No ☐ |
| Have your sexual partner been outside West Europe? If "Yes", where and when? | Yes ☐ | No ☐ |
| | | |
| **Have you during the last twelve months:** | | |
| - had a tattoo or piercing? | Yes ☐ | No ☐ |
| - undergone acupuncture? | Yes ☐ | No ☐ |
| - had a tick-bite? | Yes ☐ | No ☐ |
| - had sexual contact with a person infected by HIV, hepatitis B or hepatitis C, or a person who has tested positive for any of these diseases? | Yes ☐ | No ☐ |
| - had sexual contact with a person who is using or have been using narcotics or other illegal substances by injections or insufflation? | Yes ☐ | No ☐ |
| - had sexual contact with a sex worker or former sex worker? | Yes ☐ | No ☐ |
| - had a needle stick injury or cut injury with items contaminated with blood or body fluids, or spilled blood on mucous membrane or non-intact skin? | Yes ☐ | No ☐ |
| If yes, has this been followed up? Yes ☐ No ☐ | | |
| | | |
| **Have you during the last two years:** | | |
| - had rare or serious infections? | Yes ☐ | No ☐ |
| If yes, which and when? | | |
| | | |
| **Have you at any time in life:** | | |
| - had heart-, liver– or pulmonary disease? | Yes ☐ | No ☐ |
| - had cancer? | Yes ☐ | No ☐ |
| - had a bleeding problem? | Yes ☐ | No ☐ |
| - had malaria? | Yes ☐ | No ☐ |
| - had any tropical disease? | Yes ☐ | No ☐ |

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## Self-Health Assessment Questionnaire page 2

| | | |
|---|---|---|
| - had hepatitis, HIV or AIDS? | Yes ☐ | No ☐ |
| - tested positive for hepatitis or HIV? | Yes ☐ | No ☐ |
| - had syphilis? | Yes ☐ | No ☐ |
| - had any other serious disease? | Yes ☐ | No ☐ |
| If yes, which and when? | | |
| - been treated with growth hormones? | Yes ☐ | No ☐ |
| - had a cornea transplant? | Yes ☐ | No ☐ |
| - injected or insufflated narcotics or other illegal substances? | Yes ☐ | No ☐ |
| - received money or drugs in exchange for sex? | Yes ☐ | No ☐ |
| - received a transfusion of blood? | Yes ☐ | No ☐ |
| If yes, how many times, where and when? | | |
| | | |
| **For female donors only:** | | |
| Are you pregnant? | Yes ☐ | No ☐ |
| Have you been pregnant before? | Yes ☐ | No ☐ |
| If yes, how many times? | | |
| Have you been pregnant during the last twelve months, or are you breastfeeding now? | Yes ☐ | No ☐ |
| Do you plan to become pregnant within the next six months? | Yes ☐ | No ☐ |
| Have you during the last twelve months had sexual contact with a man who, to your knowledge, has had sex with other men? | Yes ☐ | No ☐ |
| | | |
| **For male donors only:** | | |
| Have you ever had sexual contact with other men? | Yes ☐ | No ☐ |
| | | |
| **Please answer:** | | |
| - Have you or your sexual partner had a long stay outside Scandinavia, or been born abroad? | Yes ☐ | No ☐ |
| If yes, where and when? | | |
| Have you or anyone in your family been diagnosed with Creutzfeldt-Jakob disease or a variant of this? | Yes ☐ | No ☐ |
| Have you during the last three years been in an area where there is malaria? | Yes ☐ | No ☐ |
| Have you stayed for a minimum of six continuous months in an area where there is malaria? | Yes ☐ | No ☐ |

| | |
|---|---|
| **Weight:** kg | **Height:** cm |

**Comments:**

| |
|---|
| |

**Statement:**
Please answer "yes" or "no"

| | | |
|---|---|---|
| I have read the information enclosed, and answered the questions to the best of my knowledge. | Yes ☐ | No ☐ |
| I understand that I am under evaluation for a specific patient, and I am willing to be further evaluated for a donation for this patient. | Yes ☐ | No ☐ |

| | | |
|---|---|---|
| City: | Date: | Signature: |