Oslo University Hospital

You are being considered as a potential bone marrow donor

We wish to evaluate further whether you are can be a donor for a specific patient, either with donating bone marrow or peripheral blood stem cells, or to donate other kinds of blood cells to the patient.

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 stem cell donor.

We are now making plans for a health examination with the purpose to evaluate whether it is medically safe for you to donate bone marrow or stem cells, and whether there is any risk of transmission of infectious diseases to the patient.

When you are healthy, donating bone marrow or peripheral blood stem cells has very low risk. Because some health problems may increase the risk of complications, we ask a lot of questions concerning your health. Together with the health examination this information will help us in the evaluation of whether it is medically safe to ask you to donate bone marrow or stem cells.

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 Norwegian 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 after being made anonymous.

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:	For internal use:
Address:		
Zip code/City:	Phone:	
Employer:	Email:	

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?	Yes ☐	No ☐
If yes, which ones?		
Have you ever had Covid-19 infection? If yes, when?	Yes ☐	No ☐
Have you been vaccinated against Covid-19? If yes, when? And what kind of vaccine?	Yes ☐	No ☐
Have you during the last four weeks:		
- used any medications?	Yes ☐	No ☐
- been sick or had a fever?	Yes ☐	No ☐
- had any vaccinations?	Yes ☐	No ☐
Have you during the last twelve months:		
- been to a medical check-up or hospitalized, or been treated for any illness?	Yes ☐	No ☐
If yes, for what?		
- had a venereal disease, or been treated for a venereal disease?	Yes ☐	No ☐
- had a tattoo or piercing?	Yes ☐	No ☐
- undergone acupuncture?	Yes ☐	No ☐
- had a tick-bite?	Yes ☐	No ☐
- been outside Scandinavia?	Yes ☐	No ☐
If yes, when and where?		
- been detained in a prison for more than 72 continuous hours?	Yes ☐	No ☐
- had new sexual partner?	Yes ☐	No ☐
- had sexual contact with a person who has received blood or blood products?	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 are using or have been using narcotic or other illegal drugs by injections or insufflation?	Yes ☐	No ☐
- had sexual contact with a prostitute or former prostitute?	Yes ☐	No ☐
- had a stick 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 ☐		

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Self-Health assessment questionnaire – page 2. Please fill in:

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 allergies?	Yes ☐	No ☐
If yes, for what?		
- had malaria?	Yes ☐	No ☐
- had any tropical disease?	Yes ☐	No ☐
- had syphilis?	Yes ☐	No ☐
- had hepatitis, HIV or AIDS?	Yes ☐	No ☐
- tested positive for hepatitis or HIV?	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 ☐
Been through surgery?	Yes ☐	No ☐
- injected or insufflated narcotic or other illegal drugs?	Yes ☐	No ☐
- received money or drugs in exchange for sex?	Yes ☐	No ☐
- received a transfusion of blood or other blood products?	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 another man?	Yes ☐	No ☐
For male donors only:		
Have you ever had sexual contact with another man?	Yes ☐	No ☐

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Self-Health assessment questionnaire – page 3. Please fill in:

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?		
In the past six months, have you or your sexual partner travelled to Zika risk areas (Brazil, Thailand ect.)?	Yes ☐	No ☐
If yes, where and when?		
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 ☐
Are you or your mother born in America south of USA?	Yes ☐	No ☐
Have you ever had an unexplained fever, which you could have picked up whilst travelling?	Yes ☐	No ☐
Have you used narcotics one or several times in the last twelve months?	Yes ☐	No ☐
Have you or anyone in your family been diagnosed with Creutzfeldt-Jakob disease or a version of this?	Yes ☐	No ☐
Has anyone in your closest family (parents, siblings, children) been diagnosed with a haematological malignancy (leukemia/lymphoma)?	Yes ☐	No ☐
Have you, any members of your household or present or former sexual partners had a medical procedure that involved being exposed to live cells/tissues/organs from an animal (xenotransplant)? This does not include non-living products as heart valves from pig or insulin.	Yes ☐	No ☐
Are you vaccinated against Hepatitis B?	Yes ☐	No ☐
Have you received Hepatitis B Immune Globulin?	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: