



Instituto Português do Sangue e da Transplantação, IP

## NOTIFICATION OF DONOR CLEARANCE



Registo Português de Dadores de Medula Óssea  
Portuguese Bone Marrow Donors Registry

IMP.3232.3

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For Marrow

For PBSC

For PBLy

### Patient

Patient Name	Patient ID
Transplant Center	Conf. 1 <sup>st</sup> Coll. Date

### Donor

Donor GRID	Date of Birth	Gender
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Transfusions No <input type="checkbox"/> Yes <input type="checkbox"/> number _____	Pregnancies No <input type="checkbox"/> Yes <input type="checkbox"/> number _____	AB0/Rh - type <hr/> Weight (Kg)
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Donor Clearance confirmed on: \_\_\_\_/\_\_\_\_/\_\_\_\_ Intent to donate signed

### Donor IDMs

	Reactive	Non-reactive	Date
HBsAg (Hepatitis B Surface Antigen)			
Anti-HBc (Hepatitis B Core Antibody)			
Anti-HBs (Hepatitis B Surface Antibody)			
Nucleic Acid Test for HBV			
Anti-HCV (Hepatitis C Antibody)			
Nucleic Acid Test for HCV			
Anti-HIV 1/2 (Human Immunodeficiency Virus Antibodies)			
Nucleic Acid Test for HIV 1/2			
Syphilis (Serology Test for Syphilis)			
Anti - CMV IgG (Cytomegalovirus Antibody)			
Anti HTLVII (Human T-Lymphotropic Virus I/II Antibody)			
Anti – EBV (Epstein Barr Virus Antibody)			
Toxoplasmosis (Serology Test for Toxoplasma)			

### Comments

Person completing the form	Signature	Date	
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