



Instituto Português do Sangue e da Transplantação, IP

INFECTIOUS DISEASE MARKERS TESTING RESULTS



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

IMP.3274.2

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Patient

Patient Name	Registry	Patient ID

Donor

Donor GRID	Date of Birth	Gender

Supplementary Donor Information

Transfusions No <input type="checkbox"/> Yes <input type="checkbox"/> Number _____	Pregnancies No <input type="checkbox"/> Yes <input type="checkbox"/> Number _____	ABO / Rh – type	
		Weight (Kg)	Height (cm)

Donor IDMs

	Reactive	Non-reactive	Date
HBsAg (Hepatitis B Surface Antigen)			
Anti-HBc (Hepatitis B Core Antibody)			
Anti-HBs (Hepatitis B Surface Antibody)			
Anti-HCV (Hepatitis C Antibody)			
Anti-HIV 1/2 (Human Immunodeficiency Virus Antibodies)			
Syphilis (Serology Test for Syphilis)			
Anti - CMV IgG (Cytomegalovirus Antibody)			
Anti HTLV/II (Human T-Lymphotropic Virus I/II Antibody)			

Comments

Person completing the form	Signature	Date