

Screened by: _____

MDID

Sample taken by: _____

Lab Request No

(Staff Code Only)

**HONG KONG BONE MARROW DONOR REGISTRY**

Managed by Hong Kong Red Cross Blood Transfusion Service

Supported by Hong Kong Marrow Match Foundation

**CONSENT TO PARTICIPATE IN
HONG KONG BONE MARROW DONOR REGISTRY**

I, _____ (name), have read and understood the information in the relevant leaflet provided and have completed the health history enquiry questions at the back. I agree to participate in the Hong Kong Bone Marrow Donor Registry which is operated by the Hong Kong Red Cross Blood Transfusion Service.

I consent to donate blood samples for HLA antigen test and to have my personal information and test results kept confidentially in the Hong Kong Bone Marrow Donor Registry.

I also agree to disclose my registration number and HLA antigen results, but not other personal information, to hospitals in Hong Kong and other countries, which are searching bone marrow for patients in need of transplant therapy.

I understand that I may be requested to undertake further testing in future. However, it would only be proceeded after I have given my informed consent.

I **do / do not** * agree to let the Hong Kong Red Cross Blood Transfusion Service to contact me for blood donation activities. (* delete if not applicable)

Name

Family Name

Given Name

Name in Chinese if applicable

HKID No

()

Date of birth

/ /

(DD/MM/YY)

Sex

Blood donation in HK

Yes No

Blood Donor ID (If known)

Correspondence address
(Please provide accurate
address for future
correspondence)

(Flat)

(Floor)

(Block)

(Building)

(St. No)

(Street)

(Estate)

(District)

HK Kowloon NT

Home Tel. No.

Office Tel. No.

Contact Tel. No.

Email Address

Signature

Date

Contact Person 1:Contact Person 2:

English Full Name

English Full Name

Chinese Name

Chinese Name

Contact Tel. No.

Contact Tel. No.

The Hong Kong Bone Marrow Donor Registry would like to contact you through these 2 contact persons in case we lose contact with you directly.

WIBMD201F202

Health History Enquiry

The questions are used to protect the well being of the donor and recipients. The information you disclose will be kept in strict confidence.

1	Weight ____ kg Height ____ ft ____ in (____ cm) Ethnicity _____			
2	Blood Group : <input type="checkbox"/> A+ <input type="checkbox"/> B+ <input type="checkbox"/> O+ <input type="checkbox"/> AB+ Don't know <input type="checkbox"/> <input type="checkbox"/> A- <input type="checkbox"/> B- <input type="checkbox"/> O- <input type="checkbox"/> AB-			
		Yes	No	Staff use
3	Have you ever been permanently deferred as a blood donor or been advised not to donate blood?			
4	Are you healthy?			
5	Have you ever had any serious illness? e.g. heart disease, hypertension, chronic lung disease, asthma, cancer, diabetes, epilepsy, or other chronic illnesses.			
6	Have you had hepatitis, jaundice, liver disease or been a carrier of hepatitis?			
7	Have you had history of malaria or venereal disease?			
8	Have any of your immediate family members have a history of Creutzfeld-Jacob disease?			
	In the past 12 months			
9	Have you received blood, albumin or immunoglobulin?			
10	Have you had tattoo, acupuncture, ear/skin piercing with needles that were shared among persons, accidental exposure to blood contaminated instruments or been accidentally stuck with a used needle?			
11	Have you received surgery, blood transfusion or tissue transplantation?			
	Life style			
12	Have you had a history of drug abuse or ever injected yourself with drugs not prescribed by medical officers?			
13	Do you or your sexual partner(s) have any reason to believe having been infected with HIV, the virus that causes AIDS?			
14	Have you ever been given money for sex?			
15	(For male donors) Have you had male-to-male sexual activity?			
16	Have you had sexual activity in the past 12 months with ①a bisexual male, ②a sex worker, ③a person who has history of drug abuse or injected himself or herself with drugs not prescribed by medical doctor, and/or ④a person who has received clotting factor injection?			
17	Have you spent a total of three or more months in the UK or worked or lived for a total of six or more months at US Military bases in Europe between 1 st January 1980 and 31 st December 1996?			
18	Have you spent a total of five or more years in France or Europe since 1 st January 1980?			
19	Have you received blood transfusion in the UK or bovine insulin injection since 1 st January 1980?			