

Registro nazionale Italiano Donatori Midollo Osseo

Italian Bone Marrow Donor Registry



Content of Attach B - PRE REGISTRATION HEALTH QUESTIONNAIRE

(V11 - feb. 2017)

This document is not intended in substitution Attach B but as a possible support. It is reminded that under Italian current legislation the potential blood stem cell donor must be able to understand (including forms) and communicate in Italian.

Your replies are confidential and are protected by the Privacy Laws. The aim of this evaluation is to protect

both you and the patient who may receive your donation.		
Last name: Date of birth://		
Height:Kg.		
Ethnic group : Caucasian Asian Black Hispanic Mixed		
General questions and donor 's safety	Ans	wer
1. Are you currently in good health?	NO	Yes
2. Are you currently taking any medication or drug?	NO	Yes
What for ? Since when ? specify	—	
3. Do you regularly take aspirin or other analgesics?	NO	Yes
Which? When? specify	+	
4. Have you recently undergone any dental work?	NO	Yes
Which? When? specify	+	μ.
5. Have you planned to go to the physician to the dentist or to other health specialist physiotherapist)?	(eg. NO	Yes
Why? When? specify		
6. Have you ever suffered for depression?	NO	Yes
When ? specify	—	

7. Have you ever suffered from any of the following: auto-immune diseases (Hashimoto thyroiditis) gastro-intestinal, bone/joint illnesses; benign and/or malignant tumors; tuberculosis; diabetes; convulsions and/or fainting spells;; infectious diseases; jaundice and/or hepatitis; renal, hematological, rheumatic or tropical diseases, hematological genetic diseases (e.g. Thalassemia, Glucose-6-phosphate dehydrogenase deficiency/favism, sickle cell anemia, other enzymatic deficiency)?	NO	Yes
speci	ify 	
8. Have you ever had hypertension or are currently cured for it?	NO	Yes
When ? specify	+	
9. Have you ever had cardiovascular diseases (e.g. trombosis), hearth disease, chest pain due to hearth problem (angina), reumatic fever?	NO	SI
	4	Ш
Which ? Specify		
10. Have you ever had breath diseases, asthma, shortness of breath?	NO	SI
William 0		
Which? When? specify	No	L
11. Do you have a food, drug, substance (latex) allergy, hay fever or pollinosis?	NO	SI
	<u> </u>	
	4	Ш
Which? When? specify		
12. Have you ever suffered from a fever of unknown origin?	NO	SI
13. Have you ever noticed any swelling of lymph nodes?	NO	SI
14. Have you noticed any recent weight loss even if you are not on diet?	NO	SI
15. Have there ever been any cases of oncohaematological diseases, such as leukaemia or lymphoma, myelodysplastic syndromes, thrombocytopenia, sever aplastic anemia amongst your family members?	NO	SI
Degree of kinship with the affected person: disease specify	4	
16. Do you have relatives suffering for inherited or genetic diseases such as Thalassemia,	NO	SI
Glucose-6-phosphate dehydrogenase deficiency/favism, Blackfan Diamond anemia, other hematological or rare diseases?		
Degree of kinship with the affected person: disease specify	(
17. Have you ever undergone surgery ?	NO	SI
	1	
Which ? When ? specify		
18. Have you ever had severe side effects after general or local anaesthesia?	NO	SI
10. Have you ever riad severe side effects after general or local anaestriesia:	1110	51
Which ? Specify		
19. Have you ever needed medical care in a hospital, except for surgery?	NO	SI
13. Have you ever needed medical care in a hospital, except for surgery ?	LINO	اد
Why? When? specify		
Why? Specify 20. Have you ever undergone an endoscopy or are you going to undergone an endoscopy?	NO	SI
1 20. Have you ever undergone an endoscopy or are you going to undergone an endoscopy?	INO	OI.

Why? When? specify		
21. Have you ever undergone any procedures that required the use of a catheter?	NO	SI
	4	
Which? When? specify		
22. Have you ever had severe back pain?	NO	SI
Miles O		
When ? specify	NO	SI
23.Do you practice any dangerous activities or hobbies?	INO	
Which ? specificy	4	
24. Have you ever been exposed (also by ingestion) to toxic substances (eg cyanide, lead, mercury) or radiation?	NO	SI
Which ? Specify	+	
25 Is there any other information related to your health that you think important to let us know?	NO	SI
specify	+	
26. Are you a blood / blood component donor?	NO	SI
Planthack 0	+	
Blood bank?: last donation?	NO	SI
27. Have you ever been told not to donate blood?	Ans	1
Potentially transmissible diseases and protection of the recipient	1	
28. Have there ever been any cases of Creutzfeldt-Jacob disease, mortal familial insomnia, dementia, or spongiform encephalopathy amongst your family members?	NO	SI
29. Have you ever been administered growth factors or hypophysis gland extracts?	NO	SI
30. Have you ever undergone an autologous, allogeneic organ, tissue (eg:corneal) or cell	NO	O.
transplant?		SI
transplant?		51
		51
Why? When? specify 31.Have you read and understood the information regarding AIDS, hepatitis, and other transmissible diseases (Attachment C)		SI
Why? When? specify 31. Have you read and understood the information regarding AIDS, hepatitis, and other		
Why? Specify 31. Have you read and understood the information regarding AIDS, hepatitis, and other transmissible diseases (Attachment C) 32. Have you ever taken any drug or narcotic?	NO	SI
Why? When? specify 31.Have you read and understood the information regarding AIDS, hepatitis, and other transmissible diseases (Attachment C) 32. Have you ever taken any drug or narcotic? Which? When? specify	NO	SI
Why? Specify 31. Have you read and understood the information regarding AIDS, hepatitis, and other transmissible diseases (Attachment C) 32. Have you ever taken any drug or narcotic?	NO NO	SI SI

36. To the best of your knowledge, have you ever had sexual relationships with a partner who has resulted positive for Hepatitis B, C or AIDS?				
37. Have you ever had any tattoos done?	NO	SI		
When ? specif	y			
38. Have you had your ears or any other part of your body pierced?	NO	SI		
		ш		
When ? specify				
39. Have you ever undergone acupuncture?	NO	SI		
When 0	4			
When? specification are undergone as blood are blood component transfusion or undergone the		SI		
40. Have you ever undergone a blood or blood component transfusion or undergone the administration of blood derived products?	NO	SI		
	,			
When ? specif	iy			
41. Have you ever accidentally hurt yourself with a syringe or other blood contaminated instruments?	NO	SI		
				
When ? specif	fy			
42. Have you been vaccinated recently?	NO	SI		
When ? What for: specify	←			
43. Have you travelled or lived abroad recently?	NO	SI		
When ? Where: specify	, 🗲			
44. Have you recently been in places where they have endemic diseases or in tropical places where it is possibile to be infected with malaria?	NO	SI		
		Ш		
When ? Where: specify	/			
45. Are your parents born in central/Latin American countries?				
46. Are you planning to be, in the near future, temporarly unavailable for e.g. vacation?	NO	SI		
	4			
When?: specificy		ı		
For women	1	wer		
For women	Ans			
47. Are you currently pregnant?	Ans NO	SI		
		SI SI		
47. Are you currently pregnant? 48. Have you ever been pregnant?	NO			
47. Are you currently pregnant? 48. Have you ever been pregnant? How many: ? Date of last pregnancy?: specificy	NO NO	SI		
47. Are you currently pregnant? 48. Have you ever been pregnant?	NO			

Prevoius blood stem cell donations			Answer	
50. Have you ever don blood?	nated for a relative blood stem cell from bone marrow or from periphe	ral NO	SI	
When?	From bone marrow or from peripheral blood?: specific	y (Į.	
Who was the recipient?	Is he/she still alive ?:			

In which way have you known the Italian national program of unrelated stem cell donation and have you decided to become a potential donor ? (Check a box)

- 1. Blood bank /AVIS I am already a blood donor
- 2. ADMO/ ADOCES (Bone Marrow Donor Association)
- 3. a friend/ person I know already enrolled
- 4. school/university
- 5. mass media (national or local radio/ television)
- 6. social network
- 7. my friend is beyond the age to be able to donate and asked me to replace him
- 8. a relative/person I know needs an HSC transplant;
- 9. outdoor recruitment (e.g.: Match it Now, Ehi tu hai midollo)
- I, the undersigned, declare that:

I have truthfully and with attention filled the questionnaire;

I have read the information regarding the diseases that can be transmitted through donation and I am not a risk person;

I have been provided with a full explanation about the collection procedures;

I have been given the opportunity to ask for further information,

I will be available for a biological sample collection (blood, saliva, buccal swab)

I am fully aware that if I will be found matched with a patient waiting for an HSC transplant, several tests, including testing for HIV infectious disease, will be carried out to determine my suitability for donation and to safeguard the recipient.

In faith.

Date//	Signature
Signature of Health Professi	onal who interviewed the donor and checked his/her identity

Suitability				
I have reviewed the answers that have been provided in the questionnaire and I declare that at the				
time of enrolment, he/she				
	is compliant with	is compliant as exception	is not compliant with	
the criteria that are required of all potential HSC donors.				
In faith,				
Date//				
(Physician's signature)				