

Macao Health Bureau
Blood Transfusion Service

MDID
Lab Req No

CONSENT TO PARTICIPATE IN THE 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 (“the Registry”) which is operated by the Hong Kong Red Cross Blood Transfusion Service (“HKRCBTS”).

I consent to donate blood samples for HLA antigen test and to have the Macau Health Bureau (“MHB”)/ Macau Blood Transfusion Service (“MBTS”) transfer to HKRCBTS my blood samples for testing and my personal information for use for purposes in connection with my participation in the Registry.

I further consent that my personal information and HLA antigen results be kept confidentially in the Registry and that HKRCBTS can transfer my HLA antigen results to MHB/MBTS to be kept confidentially by MHB/MBTS according to “Personal Data Protection Act” of Macao.

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.

Name _____
Surname _____ Other Name _____ Name in Chinese if applicable _____

ID No _____ () Date of birth ____ / ____ / ____ (DD/MM/YY) Sex _____

Corresponding address (Flat) _____ (Floor) _____ (Block) _____
(Please provide accurate address for future correspondence) (Building) _____
(St. No) _____ (Street) _____

Macao Taipa Coloane

Home Tel.No _____ Contact Tel. No _____

Company Tel.No _____ Email Address _____

Contact Person 1: _____ Contact Person 2: _____
English Full Name _____ English Full Name _____
Chinese Name _____ Chinese Name _____
Tel. _____ Tel. _____

We would like to contact you through these 2 contact persons in case we lose contact with you directly.

Signature _____ Date _____

Form Author: Jennifer Leung Reviewed by: Crystal Hui, CW Lau Approved by: CK Lee

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 :		A+ <input type="checkbox"/>	B+ <input type="checkbox"/>	O+ <input type="checkbox"/>	AB+ <input type="checkbox"/>	Don't know <input type="checkbox"/>		
			A- <input type="checkbox"/>	B- <input type="checkbox"/>	O- <input type="checkbox"/>	AB- <input type="checkbox"/>			
						Yes	No	Staff Use	
3	Have you ever been informed not to donate blood permanently by us or other blood service?								
4	Are you healthy?								
5	Have you ever been diagnosed of any serious illness? E.g. heart disease, chronic lung disease, cancer, diabetes, thyroid disease, epilepsy, or other chronic illnesses.								
6	Have you had hepatitis, jaundice, liver disease or been a carrier of hepatitis?								
7	Have you been diagnosed of infectious disease such as malaria, venereal disease or tuberculosis (TB)?								
8	Have any of your blood relatives been diagnosed of Creutzfeld-Jacob disease?								
9	Have you ever received organ or tissue transplantation?								
	In the past 12 months								
10	Have you received surgery, blood, albumin or immunoglobulin?								
11	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?								
	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	Have you had sexual activity in the past 12 months with ① a male who has had sexual contact with another man, ② a sex worker, ③ a person who has a history of drug abuse, or injected himself or herself with drugs not prescribed by medical doctor, and/ or ④ a person who has received clotting factor injection?								
16	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 Jan. 1980 and 31 st Dec. 1996?								
17	Have you spent a total of five or more years in Europe since 1 January 1980?								
18	Have you received blood transfusion in the UK or France or bovine insulin injection since 1 st January 1980?								