(c) When was your last asthma attack?

.....

(d) Have you ever been hospitalised due to asthma? Y☐ N☐

(e) Is the asthma linked to eczema? Y☐ N☐

(f) Have you taken steroids for your asthma? Y☐ N☐

(g) Are you on medication for asthma (name and dose)?

.....

.....

25. Have you ever had epilepsy? Y☐ N☐

(a) If yes, when was the last fitting episode?

.....

(b) Are you on medication for epilepsy (name and dose)?

.....

26. Do you suffer from high blood pressure? Y☐ N☐

If yes:

(a) Is your blood pressure being monitored by your GP? Y☐ N☐

(b) When was the last reading? (date and reading – please ask your doctor or practice nurse)

.....

.....

(c) Are you on medication for this condition? (name)

.....

27. Have you ever had:

(a) a heart attack Y☐ N☐

(b) chest pain/angina Y☐ N☐

(c) a heart murmur Y☐ N☐

(d) shortness of breath Y☐ N☐

(e) any other heart disease/condition? Y☐ N☐

If yes to any of the above please give details.

.....

.....

28. Have you ever had a blood clot (e.g. deep vein thrombosis or pulmonary embolus)? Y☐ N☐

(i) If so, where was the clot (e.g. lower leg)?

.....

(ii) When did this occur?

.....

(iii) Were there any factors that may have contributed to this event?

.....

29. Do you take any antibiotic cover prior to surgery or dental treatment? Y☐ N☐

30. Do you have gout? Y☐ N☐

31. Have you ever had tuberculosis? If yes when? Y☐ N☐

.....

32. Have you ever had ME or Post-viral Syndrome? If yes when? Y☐ N☐

.....

33. Have you been diagnosed with any condition not stated in this questionnaire, or are you taking medication, or have you undergone/are awaiting any surgery including dental? Y☐ N☐

If yes, please give full details, including:

a) date of diagnosis

b) the nature of the condition, e.g. ongoing, intermittent, any limitations it imposes on your lifestyle/activities (please make it clear whether the condition has now cleared and if so how long it lasted)

c) if appropriate, the names and quantities of medication you are taking

.....

.....

.....

Personal details...

Title *(Mr, Mrs, Ms, Dr, etc.)* ..... NHS/Service no. .....

Last name *(please print)* .....

First name *(please print)* .....

Date of birth *d d m m y y y y* ..... Age .....

Male ☐ Female ☐ Height ..... Weight .....

Occupation .....

Address *(to which post/samples kits should be sent)* .....

.....

.....

..... Post code .....

Once you join the Register it is vital that we can contact you by phone or e-mail. By completing the details here, you confirm that you are happy for the Charity to contact you in this way.

Phone (work) ..... Phone (home) .....

Mobile .....

Private or personal e-mail address *(please print)* .....

Work e-mail address, if appropriate *(please print)* .....

Over the years we may lose contact with you at the above address (you may forget to remind us of a change of address). Please give an alternative address of a close relative or friend who'll always be aware of your current abode. Please let that person know, as soon as possible, that you have given us their name and contact details. All contact details will be treated as strictly confidential.

Name ..... Relationship .....

Address .....

..... Post code .....

Phone (home) ..... Mobile .....

Your last educational establishment .....

Town/City ..... Year left .....

Your ethnic origin *(please tick the appropriate box)*

- ☐ African
- ☐ African-Caribbean
- ☐ Asian (Indian sub-continent)
- ☐ Eastern European
- ☐ Hispanic
- ☐ Jewish
- ☐ Mediterranean
- ☐ Middle East
- ☐ Oriental
- ☐ White British/Northern European
- ☐ Other (please specify)

.....

Name of your GP .....

Address of your GP .....

.....

Post code ..... Phone .....

The information stated above is, to the best of my knowledge, accurate and complete.

....

Signature of donor applicant Date

.....

Name of Counsellor *(official use only)*

....

Signature of Counsellor Date

.....

Name of Phlebotomist *(official use only)*

....

Signature of Phlebotomist Date

Data Protection

We value your support, and confirm that the data held by The Anthony Nolan Trust and Anthony Nolan Marketing Ltd. will be held and processed in accordance with the Data Protection Act 1998. We will use such data to administer our relationship with you as a member of the Anthony Nolan Register and to keep in touch with you concerning our activities as a fundraising charity, blood stem cell register and scientific research institute. We will not, without your consent, supply your details to any third party except where this is necessary for us to carry out our activities or required by law. Further details of how we use your data can be found at www.anthonynolan.org.uk

If you are interested in supporting The Anthony Nolan Trust in other ways or in hearing about our lifesaving work, please tick the relevant box/es.

☐ Donor Recruitment ☐ Fundraising

How did you hear about becoming a donor?

☐ Family or friends ☐ Work ☐ GP ☐ Newspaper

☐ TV or radio ☐ Poster or flyer

☐ Other (please specify) _____

Donor Recruitment

Medical application form

Please post the completed questionnaire to:
The Anthony Nolan Trust
FREEPOST
PO Box 1767
Royal Free Hospital
London
NW3 4YR

The ANTHONY NOLAN Trust
Taking back lives from leukaemia

Donor consent

Before you complete the medical questionnaire you MUST read, tick and sign this page to confirm that you understand the registration procedure and are aware of your commitment.

☐ **1.** I have read the booklet entitled 'Commit to a lifesaving procedure now' and have had time to consider the implications of registering as a potential donor.

☐ **2.** I wish to be added to the Anthony Nolan Register of volunteer blood stem cell donors and fully appreciate the significance of my commitment to the procedure.

☐ **3.** I am not on any other bone marrow/stem cell register in the UK or worldwide. (Volunteer donors only need to be on one donor register as all registers are searched during the matching process)

☐ **4.** I have read pages 4-8 of the 'Commit to a lifesaving procedure now…' booklet. To the best of my knowledge I am not at risk of transmitting infectious diseases.

☐ **5.** I understand that once I am on the Register, I may be required to give several blood samples for further matching tests and am willing to undertake this.

☐ **6.** I understand that to donate bone marrow/blood stem cells I would be required to:
a) undergo a medical examination in London to assess my fitness to donate
b) spend two nights in a London hospital and undergo a general anaesthetic to donate bone marrow, or receive a 5 day course of injections of a growth factor and undergo a peripheral blood stem cell collection (PBSC)
c) take time away from work or my normal duties (approx. 5-7 days for bone marrow/1 day for PBSC) to convalesce after the donation.

☐ **7.** I understand that if I join the Register, and I am found to be compatible, I will be expected to donate to an anonymous recipient who may reside anywhere in the world.

☐ **8.** I understand that the donation is anonymous for both patient and donor.

☐ **9.** I understand and agree that during the matching process my blood will be screened for infectious diseases including HIV, Hepatitis B and Hepatitis C.

☐ **10.** I understand that samples of my blood or my DNA will be stored for testing in the matching procedure. I also understand that I will be contacted for specific consent should the samples be needed for any other purpose.

☐ **11.** I consent to The Anthony Nolan Trust collecting, holding and processing my personal data (including sensitive personal data such as medical information and ethnicity) in accordance with the Data Protection Act 1998.

☐ **12.** I will keep The Anthony Nolan Trust informed of any changes in personal circumstances such as name, health status and contact details.

☐ **13.** Although I understand that I may withdraw from the Anthony Nolan Register at any time, I seriously intend to remain on the Register unless my personal circumstances change.

I *(print name in block capitals)*

.....

voluntarily give my consent to join the Anthony Nolan Bone Marrow Register.

Signature ..... Date .....

Have you read, ticked and signed page 1?
Please answer this questionnaire fully and accurately.

The purpose of this brief health screen is for us to assess if it would be safe for you to proceed as a potential blood stem cell donor. All disclosures are strictly confidential, and will only be used in assessing your eligibility as a volunteer donor. We rely on your honesty to provide us with correct information to minimise the risks both to you as a donor and also to the recipients.

To join the Register you must be:
- aged between 18 and 40
- permanently resident in the UK for the next 3 years at least
- at least 51kg (8 stone)
- in good health

1. The list below is not exhaustive. If you have any other serious medical conditions, especially ongoing back problems, you should discuss these with Anthony Nolan staff before completing this questionnaire.

Have you ever had or do you suffer from: *(please tick)*

	Yes	No
a) Ankylosing Spondylitis?	☐	☐
b) Cancer (any form, incl. skin)?	☐	☐
c) Crohn's Disease, Coeliac Disease or Ulcerative Colitis?	☐	☐
d) Diabetes (insulin dependent or medication controlled)?	☐	☐
e) Grave's or Hashimoto's Disease?	☐	☐
f) Myasthenia Gravis?	☐	☐
g) Pernicious Anaemia?	☐	☐
h) Severe Psoriasis or Eczema?	☐	☐
i) Rheumatoid or Psoriatic Arthritis?	☐	☐
j) Reiter's Syndrome?	☐	☐
k) Rheumatic Fever?	☐	☐
l) Sarcoidosis?	☐	☐
m) Schizophrenia or other mental illness under psychiatric care?	☐	☐
n) Sickle Cell Anaemia (tick no if you only have the trait or are a carrier)?	☐	☐
o) SLE (Systemic Lupus Erythematosus)?	☐	☐
p) Thalassemia (tick no if you only have the trait or are a carrier)?	☐	☐

Please note, you cannot register if you answer yes to any part of question 1 or if:
- you or your partner are HIV or HTLV positive or carry the Hepatitis B or Hepatitis C virus
- you might think you need a test for HIV, Hepatitis B or Hepatitis C
- you inject yourself with non-prescription drugs including body building drugs
- are involved in high risk sexual practices that may increase your exposure to transmissible diseases

People with lower back problems have to be carefully screened for their own safety as marrow is drawn from the pelvic bone. For this reason please give us as much detailed information as possible on questions 2, 3 and 4 on the following page.

2. Have you ever had an injury to your lower back? Y☐ N☐
3. Do you, or have you ever suffered from any form of lower back pain? Y☐ N☐
4. Do you suffer from sciatica? Y☐ N☐

If the answer is yes to any of questions 2, 3 or 4 please answer the following:

a) When did the problem begin?

.....

b) Was there a cause (e.g. accident, sports injury)?

.....

c) What investigations have been made, and what were the results?

.....

d) What diagnosis or name has the condition been given?

.....

e) What treatment have you received? e.g. surgery, manipulation (chiropractic care, physiotherapy, osteopathy etc.)

.....

f) Do you still suffer from pain and discomfort? Y☐ N☐

g) Can you lift heavy objects or participate in vigorous sports? Y☐ N☐

h) Does the problem cause any limitations to your lifestyle? Y☐ N☐

i) How much time have you had off work or normal duties?

.....

j) Please list any medication you take for your back condition (name and dose)

.....

k) Has the back problem been resolved? Y☐ N☐

5. Have you had any pregnancies? Y☐ N☐

If yes, please state the number (including terminations and miscarriages)

.....

Date of last birth: .....

(Donors who are pregnant or have a child less than a year old will not be activated until the child is a year old)

6. Do you smoke? Y☐ N☐
7. Do you drink alcohol? Y☐ N☐

If yes, how many units per week? (1 unit = 1 small glass of wine/half-pint of beer)

.....

8. Have you ever donated blood? Y☐ N☐

If yes, how often do you donate?

.....

9. Have you ever been refused as a blood donor? Y☐ N☐

If yes, please state when and why.

.....

10. Have you ever received any blood transfusions (including plasma or other blood products)? Y☐ N☐

If yes, when, how many units and in which country?

.....

11. Have you ever had an HIV test? Y☐ N☐

If yes, have you ever had a positive result? Y☐ N☐

12. Have you ever had an HTLV test? Y☐ N☐

If yes, have you ever had a positive result? Y☐ N☐

13. Have you ever had a test for Hepatitis B or Hepatitis C? Y☐ N☐

If yes, have you ever had a positive result? Y☐ N☐

14. Have you ever used a needle, even once, to take drugs not prescribed by a doctor? Y☐ N☐

If yes, please give details and dates.

.....

.....

15. Have you had a tattoo, body piercing or acupuncture in the last 12 months? Y☐ N☐

If yes, please state when.

.....

16. Has anyone in your family had CJD (Creutzfeldt-Jakob Disease)? Y☐ N☐

17. Have you had brain surgery or an operation for a tumour or cyst on the spine prior to August 1992? Y☐ N☐

18. Have you ever been treated with human pituitary extracts, such as growth hormones or gonadotrophins? Y☐ N☐

If yes, please give dates

.....

19. Do you suffer from or have you ever suffered from depression? Y☐ N☐

If yes:

a) Briefly describe the reasons for the depression and if you have been referred to a psychiatrist

.....

.....

b) How long have you been/were you suffering from depression?

.....

c) What medications are you taking for depression (name and dose)?

.....

d) How long have you been taking medication for depression?

.....

e) Are you able to work?

.....

f) How much time have you had off work for depression?

.....

20. Have you ever had any allergies (including latex and general anaesthetic)? Y☐ N☐

If yes, what are the triggers?

.....

21. Have you ever had anaemia or any blood disorder? Y☐ N☐

If yes, please give details.

.....

22. Are you a carrier of:

a) Sickle cell trait Y☐ N☐
b) Thalassemia trait Y☐ N☐

23. Have you ever had malaria ?

If yes, when? Y☐ N☐

.....

24. Have you ever had asthma?

(a) If yes, is it due to allergic reaction?

.....

(b) How frequently do you suffer from asthma attacks?

.....