

MEDICAL QUESTIONNAIRE

Donating stem cells is very safe, but to mitigate any unnecessary risks for you (the donor) as well as the recipient, please answer all questions honestly. Certain preconditions can be grounds to exclude people from donating stem cells. General criteria to register as a donor: **between 16 and 45 years of age** and a body mass of at least 50kg.

PERSONAL DATA

Your information will be treated with utmost confidentiality

Full name:

Age: Body Weight:

PLEASE MARK ALL INDICATIONS THAT APPLY TO YOU

☐ Cardiovascular disease

eg. History of cardiac arrest, treatment for arrhythmia, treatment for high blood pressure, history of open heart treatment

☐ Anaemia or other blood disorders

eg. vein thrombosis, haemophilia, anticoagulation, thalassaemia etc.

☐ Respiratory disease

eg. History of chronic bronchitis, severe asthma, fibrosis, lung embolism

☐ Severe impairment of kidney functions

eg. glomerulonephritis, renal insufficiency

☐ Autoimmune disease

eg. rheumatoid arthritis, collagenosis, Crohn's disease, ulcerative colitis, Morbus Addison, idiopathic thrombocytopenic purpura,

Lupus erythematosus, Sjörger syndrome, vasculitis

☐ Cancerous diseases

including: fully healed malicious tumours

☐ Infections disease

Hep C, ongoing Hep B, HIV, malaria

☐ Effects onto the psyche or central nervous system

eg. epilepsy, schizophrenia, psychosis, severe depression, multiple sclerosis, Creutzfeldt-Jakob disease

☐ Drug treatment for severe allergies

mild allergies (eg. mild hay fever) are not relevant

☐ Diseases of the endocrine glands

eg. diabetes mellitus; hypothyroidism is not relevant for donating stem cells

☐ Received an organ transplant

eg. kidney, liver, heart, skin

☐ Substance addiction

eg. Alcohol, drugs

☐ Belonging to a known risk group

please specify below

Specify details regarding your answers:
