



Marrow Donor Program Belgium - Registry
Motstraat 40 2800 Mechelen
Tel: (32) - 15 44 33 96 Fax: (32) - 15 44 36 56
Email : MDPB-registry@rodekruis.be

REQUEST FOR UNRELATED DONOR TO PARTICIPATE IN A RESEARCH STUDY

Principal investigator	Name:	
	Center:	
	Address:	

Name of study:	
Protocol ID#:	
Research category, please describe:	

SECTION A: to be completed by Transplant Center

The following patient is enrolled on this protocol. In this instance, the donor is considered a research subject.

Recipient ID:		Donor ID:	
Anticipated transplant/collection date (dd/mm/yyyy):			

Timing of donor blood collection:		Volume/Collection tubes:	
<input type="checkbox"/>	Pre-collection		mls EDTA
<input type="checkbox"/>	At donation		mls Heparin
Shipping requirements:			mls ACD
<input type="checkbox"/>	Room temperature		mls Clotted
<input type="checkbox"/>			mls

SAMPLES TO BE SHIPPED TO:

Institution:	Phone no:
Address:	Fax no:
Attention:	Email:

Transplant center representative:	Signature:	Date: (Day/Month/Year)
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SECTION B: to be completed by Donor Center

*Instructions: The donor listed above is being asked to participate in a research protocol. Please counsel the donor during the information session and seek their consent to participate in this study. **The transplant center must be notified of donor consent as soon as possible***

Was the donor approached for the study?			
<input type="checkbox"/>	No	Reason:	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Donor consents to participation in research study. Date signed: _____ (Day/Month/Year)
		<input type="checkbox"/>	Donor declines participation (If study involves additional blood samples, do not draw if donor declines)
		<input type="checkbox"/>	Other. Explanation:

Donor center representative:	Signature:	Date: (Day/Month/Year)
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