| Document Type | \| | Form |
|---|---|---|
| Index Number | \| | Registry 116 |
| Version Number | \| | 1.0 |
| Title | \| | Donor Registration |
| Author | \| | Annelot van Amerongen |
| Authorised By | \| | Annelot van Amerongen |
| Authorised On | \| | 22-Aug-2023 |
| Release Date: | \| | 22-Aug-2023 |

Global registration identifier for donors (GRID): _ _ _ _ _ _ _ _ 　　　Collection Date _ _ _ _/ _ _/ _ _ *(YYYY/MM/DD)*
Donor number/ID: _ _ _ _ _ _ _ _ _ _ _ _
EBMT Centre Identification Code (CIC): _ _ _ 　　*(collection centre or centre responsible for follow-up)*

## DONOR REGISTRATION

### INFORMED CONSENT

| | | |
|---|---|---|
| **Did the donor consent to having their data submitted to EBMT?** | ☐ **No** | ☐ **Yes** | |
| **Date of informed consent:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* | | | |
| **Is your centre using the EBMT consent form?** | ☐ **No** | ☐ **Yes** | |
| **Did the donor consent to data sharing with health authorities and/or researchers?** | ☐ **No** | ☐ **Yes** | ☐ **Unknown** |
| **Did the donor consent to data sharing with HTA bodies/reimbursement agencies?** | ☐ **No** | ☐ **Yes** | ☐ **Unknown** |
| **Did the donor consent to their medical records being reviewed?** | ☐ **No** | ☐ **Yes** | ☐ **Unknown** |

### DONOR DATA

**Donor Identification:**

　　Donor number/ID: _____

　　Global registration identifier for donors (GRID): _____

**Initials:** _____ / _____ *(first name / family name)*

**Date of birth:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)*
*(year of birth is a mandatory field)*

**Sex** *(at birth)***:**

☐ Male

☐ Female

Index: Registry 116 | Title: Donor Registration | Version: 1.0 | Effective Date: 2023-08-22 | THIS IS AN UNCONTOLLED COPY

Donor_registration_v1.0　　　　　　　　　　　　　　1　Page 1 of 1　　　　　　　　　　　　　　2023-08-21