



Application to join the hematopoietic stem cell donor registry

PLEASE FILL IN BLOCK LETTERS!

Personal data:

Personal identification code:

Last name: _____

First name (names) _____

Residence: _____

Postal address: _____

_____ Zip code: _____

Home phone: _____ Mobile phone _____

E-mail: _____

PLEASE TURN THE PAGE!

FILL IN THE QUESTIONNAIRE AND CONFIRM YOUR WISH TO JOIN THE REGISTRY WITH YOUR SIGNATURE!

Täidetakse vereproovi võtnud isiku poolt:

Isik on identifitseeritud isikutunnistusega kehtiva pildiga dokumendi alusel

Nimi trükitähtedega ja allkiri: _____

Kuupäev: _____

Täidetakse vereloome tüvirakkude doonorite registris:

Date: _____ Name: _____

Questionnaire about the health status of a person joining the Hematopoietic Stem Cell Donors Registry:

You are joining the Hematopoietic Stem Cell Donor Registry. Since donating hematopoietic stem cells is voluntary, we try to avoid situations that could harm the donor or cause him discomfort.

Please answer the following questions honestly and, if necessary, contact the registry on 7 319 661 or 7 319 562 or by e-mail luuydi@kliinikum.ee or luuydi.koordinaatorid@gmail.com before giving blood tests

The basic requirements for a donor are similar to the requirements established for blood donors

		YES	NO
1	Is your health fine and you do not have any signs of illness? _____		
2	Have you been diagnosed with any long-term illness? _____		
3	Do you take medication regularly? _____		
4	Do you have allergies? _____		
5	Have your relatives been diagnosed with bleeding or thrombotic diseases? _____		

Do you have anything else important to add about your health status?

I have read the information material about joining the hematopoietic stem cell donor registry and I confirm that the information I have provided is true. I would like to join the Hematopoietic Stem Cell Donor Registry of the Finnish Red Cross Blood Center.

Date: _____

Signature: _____