



Personal details

Please print clearly in black using block capitals

Title: Mr/Mrs/Ms/Miss/Other _____

First Names _____

Last name _____

Date of birth (DD/MM/YYYY) _____

Address _____

_____ Postcode _____

Home phone number _____

Mobile number _____

Email address _____

Place where you usually donate _____

Are you a member of any other UK Bone Marrow Registry?

E.g. *Anthony Nolan* Yes No (Please tick one only)

Ethnicity codes

To which ethnic group do you consider that you belong?

- | | |
|---|--|
| <input type="checkbox"/> A White British | <input type="checkbox"/> J Asian-Pakistani |
| <input type="checkbox"/> B White Irish | <input type="checkbox"/> K Asian-Bangladeshi |
| <input type="checkbox"/> C Other White background | <input type="checkbox"/> L Other Asian background |
| <input type="checkbox"/> T Gypsy/Irish Traveller | <input type="checkbox"/> M Black-Caribbean |
| <input type="checkbox"/> D Mixed White & Black Caribbean | <input type="checkbox"/> N Black-African |
| <input type="checkbox"/> E Mixed White & Black African | <input type="checkbox"/> P Other Black background |
| <input type="checkbox"/> F Mixed White & Asian | <input type="checkbox"/> R Chinese |
| <input type="checkbox"/> G Other mixed background | <input type="checkbox"/> S Any other group |
| <input type="checkbox"/> H Asian-Indian | <input type="checkbox"/> W Arab |
| | <input type="checkbox"/> Z Not disclosed |

Bone Marrow Registration and Consent

To be completed by the donor and handed to a member of staff

I have read the information in this document and I agree that:

1. A sample will be taken by NHS Blood and Transplant (NHSBT) and tested to tissue-type my DNA and I agree for my details to be held on the British Bone Marrow Registry (BBMR). I also agree that BBMR may process and share pseudonymised* information with other relevant organisations, both in the UK and worldwide when performing its task or in the public interest and for the provision of healthcare.
2. My sample/DNA will be stored indefinitely to enable further tissue-typing (including DNA sequencing) for a potential match.
3. I may be contacted by NHSBT staff to update contact details, to inform if I am a match for a patient, to request additional blood samples or to enquire about participation in ethically approved research projects.
4. The residual blood/DNA from my sample can be used for ethically approved, pseudonymous* research projects connected with transplantation, disorders or the functioning of, the human body. This research will not involve the use of animals.
5. I give permission for the anonymised or pseudonymised* data generated by me being a blood donor and part of the British Bone Marrow Registry to be used by NHSBT to conduct research to improve scientific knowledge about the stem cell donor population and the possible health effects of stem cell donation.

*Pseudonymisation is defined within the General Data Protection Regulations as "the processing of personal data in such a way that the data can no longer be attributed to a specific data subject without the use of additional information, as long as such additional information is kept separately and subject to technical and organisational measures to ensure non-attribution to an identified or identifiable individual" (Article 4(3b)) i.e. we would ensure your anonymity and any shared data will no longer identify you.

Please be aware that signing below and providing a sample does not guarantee that you will join the BBMR registry. This is because sometimes there are technical problems for example; testing failures meaning we are unable to tissue-type your DNA or health information provided makes you ineligible to join the registry. We may also decide to prioritise the processing of samples from some registrants over others to ensure BBMR has the broadest mix of new donors. We will write to you with your donor card to confirm once you have been added to the registry. You have the right to withdraw your membership of the BBMR registry at any time and can do so by contacting us on 0300 123 23 23. Likewise, you can withdraw your consent from us holding your samples/DNA for research at any time.

Signature _____

Name _____ Date _____

For NHSBT Collection Staff use

Date sample taken (DD/MM/YY)

Donor ID number (if available)

Pulse ID number (if available)

Donation number
barcode
(if available)

For NHSBT H&I Laboratory Staff use

BBMR secondary sample ID

Problem

Date repeat sample requested (DD/MM/YY) _____

Date repeat sample taken (DD/MM/YY) _____

Data Protection

All information provided to BBMR/NHSBT is used in accordance with the General Data Protection Regulation (GDPR) and all other relevant privacy and data protection laws. To find out more about your privacy rights please visit our website www.nhsbt.nhs.uk or call us on 0300 123 23 23.

NHS Blood and Transplant is a specialist health authority within the NHS.