



6. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
          YYYY          MM

7. Chronic lymphocytic leukemia (CLL)

- Yes **Go to question 8**
- No **Go to question 9**

8. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
          YYYY          MM

9. Chronic myelogenous leukemia (CML)

- Yes **Go to question 10**
- No **Go to question 11**

10. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
          YYYY          MM

11. Other leukemia

- Yes **Go to questions 12-13**
- No **Go to question 14**

12. Specify other leukemia: \_\_\_\_\_

13. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
          YYYY          MM

14. Hodgkin lymphoma

- Yes **Go to question 15**
- No **Go to question 16**

15. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
          YYYY          MM

16. Non-Hodgkin lymphoma

- Yes **Go to question 17**
- No **Go to question 18**

17. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
          YYYY          MM

18. Myelodysplastic syndrome (MDS)

- Yes **Go to question 19**
- No **Go to question 20**

19. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
          YYYY          MM

20. Myeloproliferative disorder (MPD)

- Yes **Go to question 21**
- No **Go to question 22**

21. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
          YYYY                  MM

22. Bladder cancer

- Yes **Go to question 23**
- No **Go to question 24**

23. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
          YYYY                  MM

24. Brain cancer

- Yes **Go to question 25**
- No **Go to question 26**

25. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
          YYYY                  MM

26. Breast cancer

- Yes **Go to question 27**
- No **Go to question 28**

27. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
          YYYY                  MM

28. Colorectal cancer

- Yes **Go to question 29**
- No **Go to question 30**

29. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
          YYYY                  MM

30. Kidney (renal cell) cancer

- Yes **Go to question 31**
- No **Go to question 32**

31. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
          YYYY                  MM

32. Lung cancer

- Yes **Go to question 33**
- No **Go to question 34**

33. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
          YYYY                  MM

34. Melanoma in situ

- Yes **Go to question 35**
- No **Go to question 36**

35. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
          YYYY          MM

36. Melanoma, invasive

- Yes **Go to question 37**
- No **Go to question 38**

37. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
          YYYY          MM

38. Non-melanoma skin cancer (e.g., basal cell, squamous)

- Yes **Go to question 39**
- No **Go to question 40**

39. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
          YYYY          MM

40. Oral cavity / pharynx

- Yes **Go to question 41**
- No **Go to question 42**

41. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
          YYYY          MM

42. Ovarian cancer

- Yes **Go to question 43**
- No **Go to question 44**

43. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
          YYYY          MM

44. Pancreatic cancer

- Yes **Go to question 45**
- No **Go to question 46**

45. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
          YYYY          MM

46. Prostate cancer

- Yes **Go to question 47**
- No **Go to question 48**

47. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
          YYYY          MM

48. Testicular cancer

- Yes **Go to question 49**
- No **Go to question 50**

49. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_  
YYYY MM

50. Thyroid cancer

- Yes **Go to question 51**
- No **Go to question 52**

51. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_  
YYYY MM

52. Uterine cancer

- Yes **Go to question 53**
- No **Go to question 54**

53. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_  
YYYY MM

54. Other cancer

- Yes **Go to questions 55-56**
- No **Go to question 57**

55. Specify other cancer: \_\_\_\_\_

56. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_  
YYYY MM

**Specify if the donor developed any of the following diseases since the date of the last report:**

57. Systemic lupus erythematosus (SLE, lupus):

- Yes **Go to question 58**
- No **Go to question 59**

58. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_  
YYYY MM

59. Rheumatoid arthritis (RA):

- Yes **Go to question 60**
- No **Go to question 61**

60. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_  
YYYY MM

61. Vasculitis, inflammation or autoimmune disease of blood vessels:

- Yes **Go to question 62**
- No **Go to question 63**

Follow-up visit (years after donation) \_ \_

DID \_ \_ \_ \_ - \_ \_ \_ \_ - \_ \_

62. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
YYYY MM

63. Thrombosis (including DVT and thrombophlebitis):

- Yes **Go to question 64**
- No **Go to question 65**

64. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
YYYY MM

65. Multiple sclerosis (MS):

- Yes **Go to question 66**
- No **Go to question 67**

66. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
YYYY MM

67. Idiopathic thrombocytopenic purpura (ITP), autoimmune disease of platelets:

- Yes **Go to question 68**
- No **Go to question 69**

68. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
YYYY MM

69. Other autoimmune disorder:

- Yes **Go to questions 70-71**
- No **Go to question 72**

70. Specify other autoimmune disorder: \_\_\_\_\_

71. Specify date of diagnosis:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
YYYY MM

72. Did the donor answer "yes" to any of the conditions listed in questions 2-71?

- Yes **Go to question 73**
- No **Go to question 74**

73. Is the donor willing to be contacted by an NMDP Quality Assurance Nurse for additional information?

- Yes
- No

Follow-up visit (years after donation) \_\_ \_\_

DID \_\_\_\_\_ - \_\_\_\_\_ - \_\_

74. Additional notes on donor assessment: *(optional)*

75. Please print name: \_\_\_\_\_  
First and Last Name person submitting form

Date: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_  
Phone number or e-mail address