

**DOD BONE MARROW DONOR PROGRAM
INTENT TO DONATE BONE MARROW**

My signature indicates that I am interested in being a marrow donor and am willing to discuss this further with the staff of the marrow collection facility and hereby authorize the _____
(*donor center*) to release my name to the marrow collection team so that I can discuss this further with them.

I understand that my blood cells have been found to be a satisfactory match with those of a patient who is a candidate for marrow transplantation. I have been asked to donate marrow.

I have been given the opportunity to review the informational materials and the brochures "Chance of a Lifetime" and "Questions and Answers," and view the videotape "Chance of a Lifetime."

Also, I have received the information on marrow donation risks and life insurance coverage.

I have had an opportunity to ask questions of _____
(*medical director*) and these have been answered to my satisfaction. I have also had an opportunity to speak to a donor advocate.

I understand that a number of these transplantations, depending upon the illness causing the need for the transplantation, are considered developmental or experimental with a limited expectation of success. I also understand that any information about me or any of my test results obtained by the National Marrow Donor Program may be used for research to improve the marrow transplantation and donation process. Donation of marrow will require me to receive at least my immediate military or civilian supervisor's approval, and spend one to three days in the hospital. Donation will involve multiple withdrawals of marrow from my hip bones. The potential for success of the marrow transplant attempt depends on the illness causing the disease and varies widely. The overall long term success rate is felt to be one in four or 25%.

The patient has not yet begun the marrow transplant process, so a decision not to donate will not place the patient in any immediate danger.

I understand that my signature here indicates an intent to donate but is not my final decision to donate.

DONOR SIGNATURE

DATE

WITNESS