SABMR
SOUTH AFRICAN BONE MARROW REGISTRY

Registered as a Nonprofit Organisation:
Reg No: 004-300 NPO

South African Bone Marrow Registry
J57, Old Outpatient Department
Groote Schuur Hospital, Observatory, 7925
Cape Town, South Africa
Tel: +27-21-447-8638
Fax: +27-21-404-6395
Medical Director: charlotte.ingram@sabmr.co.za
Email: jane.ward@sabmr.co.za

PRELIMINARY SEARCH REQUEST AND FREE PATIENT/FAMILY TYPING

Patient Information:

Service Requested:
☐ Preliminary Search Request (Please attach a Laboratory HLA Typing Report)
☐ Free Patient and/or Donor HLA Typing Request

Date of Request:	Type of Search:	
Day Month Year	Stem Cell Donors Only ☐ Stem Cell Donors & Cord Units ☐	Search Urgent? ☐ Yes ☐ No Mismatches accepted? ☐ Yes ☐ No

Last name:	First Name:

Date of Birth:	Gender: ☐ Male ☐ Female	CMV Status:	ABO and Rh:
Day Month Year	Weight: ____ kg Height: ____ m	☐ Positive ☐ Negative ☐ Unknown	

Diagnosis:	ICD-1O:	Date of Diagnosis:

Ethnicity	☐ Asian	☐ Black	☐ Coloured	☐ White	☐ Other	☐ Unknown

Does the patient have access to funds for a MUD SCT? ☐ Yes ☐ No

Medical Aid: Membership Number:

I have read and understood the information provided in the Patient and Donor Informed Consent Form. I have had the opportunity to ask questions, and all my questions have been answered. I consent to undergo the HLA Typing as described.

Patient / Guardian Signature: Date:

Transplant Centre Information:

Requesting Physician: ..	Transplant Centre...
Person completing form:	Cellphone: .....
Physician Email:	Coordinator Email..

Completion of the form by the physician/coordinator is an indication to the SABMR that the patient/legal guardian has been informed by the physician/coordinator that the SABMR will utilise the patient's personal information to conduct HLA typing and a Preliminary Donor Search and that consent was obtained and given to the SABMR. Please ensure that the patient and or related donor being tested understands the attached consent patient / donor information leaflet and has signed consent on this form.

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Related Donor 1 Information:

Last name:	First name:
Date of Birth:	Gender: ☐ Male ☐ Female
Email:	Cellphone:
Relation to Patient: ☐ Sibling ☐ Parent ☐ Child	

I have read and understood the information provided in the Patient and Donor Informed Consent Form. I have had the opportunity to ask questions, and all my questions have been answered. I consent to undergo the HLA Typing as described.

Donor / Guardian Signature: Date:

Does the donor consent to being contacted by the SABMR to join the registry? Yes ☐ No ☐

Donor / Guardian Signature: Date:

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Patient and Donor Informed Consent for HLA Typing and Processing of Information

Human Leukocyte Antigen (HLA) Testing:

This form provides consent for HLA typing, a test used to determine compatibility between patients and potential donors for blood stem cell (or bone marrow) transplantation. It explains the purpose of the test, how personal information will be used and protected, and what the process involves.

The purpose of HLA typing is to determine whether a donor's tissue type is compatible with that of a patient who may need a blood stem cell transplant. This information helps identify suitable donors whose tissue characteristics closely match the patient's, increasing the chances of a successful transplant.

Please read it carefully and don't hesitate to ask the co-ordinator / person doing the test any questions you may have and make sure you have understood the information before signing the consent on the SABMR (South African Bone Marrow Registry) request form.

Unrelated Donor Search for Patients:

- I understand that the SABMR may access and use all my confidential, medical, personal, genetic being HLA typing in this case, financial and other information necessary to conduct the donor search, and that I provided accurate information about my health and medical history. A suitable donor is not guaranteed, and I hold no entity liable if no donor is found.

- I understand that I, or my medical funder, am responsible for the costs incurred because of the donor search. Should I be eligible for Financial Assistance on the SABMR Patient Assistance Program I will provide honest and accurate information to qualify

Processing of Information – Patients and Donors:

Your personal health and genetic information will be handled in accordance with the Protection of Personal Information Act (POPIA) and the National Health Act, always ensuring strict confidentiality. The SABMR (South African Bone Marrow Registry) maintains a database for statistical and research purposes. This information is retained indefinitely. Only authorised individuals may access this anonymised health information, and it will be used solely for legitimate medical or research-related objectives.

Information relevant to the donor search and procurement process, such as HLA data, ethnicity, date of birth, diagnosis, and other transplant-related data, will be securely processed and stored by the South African Bone Marrow Registry (SABMR) and the treatment team. This step is essential for finding a suitable stem cell donor and facilitating the transplant. The anonymised data will be shared strictly for statistical purposes with authorised individuals of the South African Association of Paediatric Haematology and Oncology (SAAPHO) Paediatric Working Party and Blood SA.

The statistical data may contribute to improving future donor searches, transplant outcomes, and patient care through scientific analyses, publications, and advocacy initiatives, both locally and internationally.

You have the right to withdraw as a donor at any time. However, if your details have already been anonymised, it may not be possible to remove them.

Initial: ☐