

Place barcode
here.

SAMAR's Retention Questionnaire

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. If called as a match, are you willing to respond quickly and commit the necessary amount of time to donate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you understand you can be asked to donate to someone you do not know? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you understand you can potentially match any patient in need regardless of race, religion, gender or age? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you understand you will have to give a sample of blood if you are called as a preliminary match? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you understand that your cheek swab is used to add you to the registry and it is not a donation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you aware of the two possible methods of donation: a) Marrow Donation which will require anesthesia or b) PBSC Donation which will require five days of a drug to increase the number of blood forming cells in the bloodstream? (As mentioned in page 4 of your Donor Copy) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you aware you will be listed in the Registry until your 61 st birthday? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you aware you must update the Registry with your personal information i.e. name, phone number, address & change in health status by visiting www.BeTheMatch.org or calling 1800-MARROW-2? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you sure you want to join the Registry? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have any further questions? | <input type="checkbox"/> | <input type="checkbox"/> |

Signature

Date