MUSCULOSKELETAL CELL AND TISSUE BANK

QUESTIONS AND CONSENT TO THE LIVING DONOR OF FEMORAL

Dear Sir, Madam, during your operation, the surgeon will remove your femoral head to put in a prosthesis. we ask We would like you to consider donating your bone to help other patients needing bone transplantation.
Please, fill in this questionnaire and sign the informed consent form. We ensure to respect your rights of privacy. BTM ensures the processing of data in compliance with Italian and European regulations.
Thank you for your kindness.

DONOR DATA		**DATE OF FILLING THE FORM:**	
Surname:		Name:	
Gender: ❑ M ❑ F	Place of birth:	Date of birth:	
Address:		City:	Zip code:

Have you ever been admitted to a hospital or other health service previously?	❑ no ❑ yes, in this case you must indicate the reason:
Did you spend a prison term in the past 12 months?	❑ no ❑ yes
DO YOU HAVE OR HAVE YOU EVER HAD THE FOLLOWING DISEASES?	
Fainting	❑ no ❑ yes
Convulsions	❑ no ❑ yes
Epilepsy	❑ no ❑ yes
Encephalitis	❑ no ❑ yes
Parkinson's disease	❑ no ❑ yes
Alzheimer's disease	❑ no ❑ yes
Rheumatoid arthritis	❑ no ❑ yes
Lupus erythematosus	❑ no ❑ yes
Tuberculosis	❑ no ❑ yes
Brucellosis	❑ no ❑ yes
Malaria	❑ no ❑ yes
Pneumonia	❑ no ❑ yes
SARS (Severe Acute Respiratory Sindrome)	❑ no ❑ yes
Insulin-dependent diabetes juvenile	❑ no ❑ yes
Psoriasis	❑ no ❑ yes
Hepatitis, jaundice	❑ no ❑ yes
Chronic kidney disease or dialysis	❑ no ❑ yes
Have you ever had unknown fevers?	❑ no ❑ yes
Have you had a significant weight loss in the past 6 months?	❑ no ❑ yes How much?
Have you ever had swollen lymph nodes?	❑ no ❑ yes
Have you received a tissue transplant (bone, cornea, skin, dura mater, cardiac valve, vessels, tendons) ?	❑ no ❑ yes
Have you received blood transfusion or human blood products (clotting factor)?	❑ no ❑ yes
Were you vaccinated in the past 6 months? Especially, in the last 4 weeks have you been vaccinated with live attenuated virus of one of the following diseases: measles, mumps, chicken pox, yellow fever, smallpox?	❑ no ❑ yes Specify:
Have you been vaccinated against hepatitis B?	❑ no ❑ yes
Do you drink more than 1 litre of alcohol per day?	❑ no ❑ yes
Past or present use intravenous drugs?	❑ no ❑ yes Specify:
Have you ever received pituitary-derived human growth hormone (GH) or hypophysis-derived hormone (TSH)?	❑ no ❑ yes

NEUROLOGICAL DISORDERS MAY BE PRESENT IN THE FAMILY	
Creutzfeldt Jakob disease (CJD) ? Polio? Multiple sclerosis and variants? Amyotrophic lateral sclerosis? Guillain-Barre Syndrome? Subacute sclerosing panencephalitis? Korea?	❑ no ❑ yes Specify which:
OTHER DISEASES	
Are you positive results in tests such as HIV, HTLV, HBV, HCV, Lue? If yes, you must specify which test and if you have been subjected to treatment	❑ no ❑ yes
Have you ever had herpes disease? You are suffering from or have you suffered from venereal disease? If yes, specify what, how and possible therapy.	❑ no ❑ yes
Have you ever had sex or you're living with people testing positive to hepatitis B or C or AIDS?	❑ no ❑ yes Over the past 12 months? ❑ yes
Do you have or have you ever had: a benign tumor? A malignant cancer? If yes, specify type and date of diagnosis.	❑ no ❑ yes
Have you ever received radiotherapy or chemotherapy? If yes, specify the cause, the type and the duration of treatment.	❑ no ❑ yes
Were you subjected to immunosuppressive drug treatments? If yes, specify the type and the duration of treatment.	❑ no ❑ yes
Have you continuously used steroids? If so, please explain why and for how long.	❑ no ❑ yes
CONTACT WITH CHEMICALS OR METALS	
Do you work or have you ever worked on contact with lead, gold, mercury, cyanide, asbestos?	❑ no ❑ yes
Have you visited any foreign Countries in the past 3 years? Where?	❑ no ❑ yes
Have you lived in United Kingdom after 1980? How long? If yes, you must specify for how long in total and there if you were subjected to blood transfusions or surgery between 1984 and 1996.	❑ no ❑ yes
Have you stayed in areas which have been recorded cases of West Nile or Chikungunya? If yes, specify where, if you have contracted the infection and which type.	❑ no ❑ yes
You've accidentally wounded with instruments or syringes contaminated with blood or is exposed to contamination of mucous membranes with blood?	❑ no ❑ yes
Over the last 12 months, have you been subjected to: tattooing, piercing of ears, piercing, acupuncture? If yes, specify whether authorized structure, with single-use sterile instruments.	❑ no ❑ yes

INFORMED CONSENT FOR BONE DONATION

I declare that:

- I have understood the questions listed above, especially informations on viral hepatitis, AIDS, syphilis and other deseases on which the / the doctor / the nurse..... has fully informed me, a even on the methods of investigation either by antibody tests that amplification nucleic acids for the antigens;
- I have answered truthfully;
- I have been informed that the donation does not involve any risk of contracting communicable diseases, do not imply changes in the usual surgical techniques required for the intervention of hip or expose to any additional risk;
- I have been informed that the donation does not involve any cost against me, it is free and free from fees and musculoskeletal tissue is transferred to those who ask not for profit but with only reimbursement of costs incurred for the validation, according to the national tariff;
- I have been informed that if the test could highlight an exclusion criterion, the donation will be declared unfit for the plant;
- I am aware of my right to request and obtain information about the analyzes carried out; I will still be communicated any news emerged from the analysis that might affect my current state of health;

I authorize:

❑ the execution of the blood sample to analyze the exclusion of major communicable diseases with the bone: B and C; West Nile virus and / or other viruses according the recommendations of the Institute of Health;
❑ the execution of the tests for HIV;
❑ the storage in the BTM of the femoral epiphysis removed to allow the housing of the prosthesis;
❑ automatic deletion of hypothetically unused tissue, if the expiration date has been reached or were found factors of exclusion

Signature (legible) interviewed: .....

Signature (legible) operator who has supplied information: .....