

University Medical Center Groningen

Hematology

Head of department Prof. Dr. G. A. Huls

To

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Internal ZIP code

Enclosure(s)

Ref.

Date

Dear madam, sir,

Re: tissue typing (HLA-typing) family members

Dear madam/sir,

Your family member has got a serious disease which, in the future, could possibly be treated with a stem cell transplantation. With this letter we would like to ask you if you would be willing to give blood for tissue typing and blood group typing. . Based on the tissue typing we can determine whether you could be a suitable donor. The results of this test will be available after about 4-6 weeks. You will be notified of the results. .

When the tissue typing determines you as a suitable donor, we will invite you for a personal appointment to give you additional information about being a donor. The results of the tissue typing will be discussed with you first. If you consent, your family member will be informed that you could possibly be a stem cell donor. To finally determine if you are a suitable donor, a medical check-up is required. This will be arranged after further consultation.

If you are not willing to pursue the donor trajectory any further, you can indicate so during the personal appointment.

Would you please contact us within a few days after receiving this letter to make an appointment for taking the blood samples? The blood can be drawn when you are visiting your family member in the hospital, or an appointment can be made for blood withdrawal in the out-patient clinic. It's also possible to ask your physician to draw blood and send this to the UMCG. You can contact us and we will send you a package with the necessary equipment for blood withdrawal and returning the drawn blood.

Finally we ask you to look at the questions below. If you have answered "yes" to one (or more) of them, please contact us and let us know.

- Do you suffer from a heart condition, high blood pressure or a vascular disease or do you have one of the following symptoms: chest pain or shortness of breath, do you take medication for any of this?
- Do you take medication for COPD or asthma on a daily base?
- Did you receive a treatment for a thyroid disease (radio active iodine, medication or something else) and/or did you suffer from a malignant thyroid disease within two years from now?
- Do you suffer from a chronic disease such as an neurological condition (MS, epilepsy), diabetes, kidney disease, rheumatism or a chronic bowel disease?
- Do you suffer from a blood condition in need of specialist care or related with an increased bleeding tendency?
- In your medical history are there any records of thrombosis, or do you have a history of use of anti-coagulation medication?
- Do you suffer from an increased risk on Hepatitis-B or -C, Syphilis or HIV
- or do you need a treatment for these diseases?
- Do you suffer from (or have suffered from in any time point in your medical history) a malignant disease other than skin or pre stage cervix cancer?
- Did you ever underwent brain or spinal surgery?
- Did you ever received a transplantation of human or non-human material?

- Did you ever received a treatment with growth hormones?
- Do you, or one of your family members/roommates, have Creutzfeld-Jacobs disease?
- Do you suffer from a severe kind of allergy?
- Do you take medication, more than three months? Except birth control medication.
- Have you been in the tropics in the past 6 months?
- Did you took a piercing or tattoo in the past three months?
- Are you pregnant or had a baby in the past three months?

Yours sincerely,

T.Reker/ M. Sterkenburg

Nursing coordinators Transplantation Unit UMCGroningen

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