

Registration as blood stem cell donor

Sample collection number:

1468 / Version 17 / August 2025

Biological sex at birth

\bigcirc_f \bigcirc_m

Date of Birth (DD MM YYYY)

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Language (G/F/I)

7

First name

[illegible]

Surname

[illegible]

Street

[illegible]

No

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Supplement (optional)

[illegible]

Postal Code

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City

[illegible]

E-Mail

[illegible]

Mobile phone

[illegible]

Phone landline (optional)

[illegible]

Marketing Permission

Would you like to receive inspiring stories from donors and patients, information on collection campaigns and other ways in which you can support the Swiss Blood Stem Cell Donor Registry, by email or post, three or four times a year?

You can revoke your consent at any time.

☐ Yes☐ No

Voluntary contribution to the costs

Registration is free of charge for you, but we would be grateful if you would support us with a voluntary donation.

☐ CHF 140.-

☐ CHF 100.-

☐ CHF 60.-

☐ Other: CHF _____

Please fill in the medical questionnaire overleaf.





Registration as blood stem cell donor

Question	Yes	No	*
1. Do you weigh at least 50 kg (110 lbs) and is your BMI below 40?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you already donated bone marrow or peripheral blood stem cells? If so, when? _____ <input type="checkbox"/> Bone marrow <input type="checkbox"/> Peripheral blood stem cells	<input type="checkbox"/>	<input type="checkbox"/>	
3. a) Do you have, or have you ever had, any of the following diseases or symptoms? - Severe cardiovascular disease - Severe lung disease - Blood disorder or blood clotting disorder - Cancer - Autoimmune disease/chronic inflammatory disease - Severe kidney disease - Severe neurological or mental health disorder - Severe allergy - Insulin-dependent diabetes - Thyroid disease of autoimmune origin b) Any other disease Please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are you currently taking any medication? If so, which? _____ Specify the reason: _____	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you ever received a transplant of human or animal tissue? Please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you received a blood transfusion within the past 12 months (red blood cells, platelets, plasma)? Reason? _____ If so, when? _____ In which country? _____	<input type="checkbox"/>	<input type="checkbox"/>	

Question	Yes	No	*
7. Have you ever been diagnosed with any form of hepatitis (A, B, C, or other) or have you ever had jaundice (icterus)? Hepatitis <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Other When? _____ <input type="checkbox"/> At birth If other: Which? When? _____	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does one or more of the following risk situations apply to you? - Sexual intercourse for money (donor pays or is paid) more than once in the past 12 months - Intravenous injection of drugs in the past 10 years - A positive test for HIV (AIDS)	<input type="checkbox"/>	<input type="checkbox"/>	
To be answered only by women	Yes	No	*
9. a) Are you currently pregnant? If so, what is the expected date of birth? _____ b) Have you given birth within the past 12 months? When? _____	<input type="checkbox"/>	<input type="checkbox"/>	

* leave column free

Questions and remarks:

To be filled in by the Donor Center SBSC/RBTS:

Eligible for registration: ☐ Yes ☐ No

Remarks:

Deferred until:

Date: _____ Visum: _____



Registration as blood stem cell donor

Important information

Before joining the registry, you must read and understand our information brochure 'Donating blood stem cells – what you should know' (current version).

Unless you inform us otherwise, you will remain in the registry as a donor until your 60th birthday. However, you can cancel your registration at any time without any consequences.

To ensure that you can be contacted quickly in the event of a request for a donation, please inform us immediately of any changes to your contact details. This also applies to information on your eligibility to donate, e.g. new illness, pregnancy, longer stay abroad, personal reasons.

We will send you important information about your entry in the registry roughly twice a year.

Declaration of consent

1. Consent to analyse the cheek swab: I hereby consent to Swiss Transfusion SRC AG forwarding my pseudonymized cheek swab to the appointed laboratory in Switzerland or abroad for HLA tissue typing and other analyses (blood group, CMV, CCR5). Further information (DE, FR, IT): blutstammzellspende.ch/de/analysen

2. Forwarding information to international registries: I hereby consent to having my pseudonymized personal data forwarded to international blood stem cell donor registries and used for donor compatibility searches for patients worldwide. Pseudonymizing means replacing the name with a code number. This data can also be viewed by registries in countries that do not have data protection legislation comparable to that in Switzerland and where data security is not similarly guaranteed.

3. Survey of HLA distribution: I agree that Swiss Transfusion SRC AG and its authorized laboratories may use the sample material and the HLA data to analyse the HLA variability of the population and the distribution of the various HLA combinations. My data will be anonymized for this purpose. These analyses do not entail any risks for me.

☐ I hereby register myself as a blood stem cell donor.

Date: _____ Signature: _____

First name, Surname: _____

Willingness to donate blood platelets

As your HLA data are stored in the blood stem cell donor registry, in rare cases you may also be asked to donate platelets (thrombocytes).

Patients who have received many platelet transfusions are susceptible to developing antibodies that make further treatment more difficult. In such cases, platelet donations from people with matching HLA characteristics are needed.

I hereby consent to my HLA data and contact details being forwarded to the regional blood donation service for the purpose of searching for a platelet donor.

☐ Yes ☐ No

Sample collection number:



Data protection rules

Further information:
blutstammzellspende.ch/datenschutz



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Supplementary information to question 3a

Severe heart disease	<p>E.g. heart surgery, heart attack, angina (pectoris), thrombosis, pulmonary embolism, transient ischemic attack (TIA), stroke, peripheral artery disease (PAD), valvular heart disease, cardiac arrhythmia.</p> <p>Registration is possible in case of operated foramen ovale, sporadic extrasystoles, successful ablation (stable and without medication).</p>
Severe lung disease	<p>E.g. chronic obstructive pulmonary disease (COPD), pulmonary fibrosis, emphysema, severe asthma (frequent attacks, long-term oral treatment necessary).</p> <p>Registration is possible in cases of mild asthma where inhaled medication is sufficient.</p>
Blood disorder or blood clotting disorder	<p>E.g. leukaemia, severe thalassaemia, sickle cell disease, haemophilia, severe tendency to thrombosis.</p>
Cancer	<p>Registration only possible in case of basalioma or cervical carcinoma in situ (removed).</p>
Autoimmune disease/ chronic inflammatory disease	<p>This includes Crohn's disease, ulcerative colitis, coeliac disease, psoriasis, rheumatoid arthritis, sarcoidosis, vasculitis, ankylosing spondylitis.</p>
Severe kidney disease	<p>E.g. chronic kidney disease</p>
Severe neurological or mental health disorder	<p>Illnesses such as multiple sclerosis, Parkinson's disease, Myasthenia gravis, schizophrenia, psychosis.</p> <p>Epilepsy: registration is possible if without medication and seizure-free during at least the past 3 years.</p>
Severe allergy	<p>This includes allergies with severe reactions (swelling in the area of the face/neck, dyspnea, anaphylaxis/anaphylactic shock).</p>
Insulin-dependent diabetes	<p>Registration not possible, except after gestational diabetes, provided that there is no insulin dependency after pregnancy.</p>
Thyroid disease of autoimmune origin	<p>E.g. Hashimoto's thyroiditis, Graves' disease</p> <p>Registration is possible in case of non-autoimmune hypo- or hyperthyroidism if the thyroid hormone level is normal (even under hormone replacement therapy).</p>

Additional information about the analyses

CMV

The cytomegalovirus (abbreviated CMV) belongs to the herpes virus family. After the first infection, the virus remains in the body for life. In healthy people, a CMV infection usually runs its course without any signs of illness. In people with a weakened immune system, however, the infection can lead to serious illnesses.

CCR5

CCR5 (chemokine receptor 5) is the name for a receptor protein that is located on the surface of lymphocytes (a subgroup of white blood cells) in humans.

The information about what this CCR5 receptor looks like is stored in the CCR5 gene in the human genome. With the help of this receptor, the lymphocytes can be activated in the case of inflammation or infection. This activation triggers a defence response in the human body.

In the CCR5 gene, there is a variant in which the gene contains less information (deletion) and consequently the receptor protein is shortened. This variant is called CCR5-delta32. The CCR5-delta32 deletion leads to an increased defence capability (resistance) of the cells in certain infections. The frequency of the CCR5-delta32 variant varies greatly from region to region and is about 2-10% in Central Europe.

In certain cases, people who carry the CCR5-delta32 variant are preferred as blood stem cell donors.