



SW241



Queensland Government

**Queensland Bone Bank**  
**Living Donor Consent and Preliminary Questionnaire**

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

- » Substitute decision makers cannot consent to donation on behalf of those who lack capacity or are under 18 years of age
- » Please fax this form, along with the *Queensland Bone Bank Living Donor Referral (SW242)* to **07 3121 2633**

**Preliminary questionnaire** (please tick correct answer)

1. Do you have or have you ever had cancer or melanoma?  Yes  No
2. Have you ever been diagnosed with rheumatoid arthritis or avascular necrosis?  Yes  No
3. Have you spent more than 6 months in the UK between 1980 and 1996?  Yes  No
4. Have you been diagnosed with any infectious diseases such as HIV, hepatitis or syphilis?  Yes  No
5. Have you ever used non-prescribed intravenous drugs?  Yes  No
6. Can you think of any reason at all why you should not be a tissue donor?  Yes  No

*Thank you for answering these questions. If you have answered "no" to all of these questions you may be eligible to donate your femoral head to the Queensland Bone Bank. The staff of the Bank will contact you to ask some more questions about your medical history.*

**Interpreter's statement**

I have given a sight translation in ..... (state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient by the doctor.

Interpreter name (please print):	Signature:	Date:
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**Donor declaration and consent**

- I declare that I have answered the above questions to the best of my knowledge.
- I understand that femoral head tissue will be removed from my body for the purposes of my hip surgery and consent to the voluntary donation of this tissue to the Queensland Bone Bank (QBB). I understand that if I do not provide this consent, the treating doctor or hospital would dispose of it in accordance with the relevant policies at the facility.
- I acknowledge and agree that part or all of the donated tissue may be used, treated and modified for therapeutic purposes (including transplantation into other people) and, in some instances, for ethically approved research and development.
- I consent to the donated femoral head tissue to be used in ethically approved research studies or clinical trials and that QBB may provide the tissue to researchers, clinicians, companies, institutes and other persons or organisations without further notice to me for any of the aforementioned therapeutic and research purposes. I understand that I am entitled to refuse consent for research purposes and may advise QBB staff prior to surgery.
- I understand that, as scientific knowledge advances, I may be asked by QBB for my stored blood sample to undergo further testing. I understand that I am entitled to deny consent for my stored blood to undergo such further testing.
- I consent to undergoing two blood tests (one prior to surgery and one six months after surgery) to exclude infections, I understand that these tests include those for HIV, Hepatitis B and C, HTLV, Syphilis.
- I understand and agree that my donation is a voluntary gift to QBB. I will not receive payment for my donation, nor will any costs be incurred by me.
- I authorise my general practitioner (GP) or other medical practitioner, hospital or pathology company to release any relevant medical history and my contact details to QBB.

*You will be required to sign this Living Donor Consent and Preliminary Questionnaire in the presence of a Medical Officer, Registered Nurse or Allied Health Professional. This document must be completed in addition to the consent form for your hip operation. For further information about how Queensland Health protects your privacy, you should also refer to the 'Respecting your Privacy' document found at: [http://www.health.qld.gov.au/privacy/privacy\\_docs/respecting\\_privacy.pdf](http://www.health.qld.gov.au/privacy/privacy_docs/respecting_privacy.pdf)*

Donor name (please print):	Signature:	Date:
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Interviewing officer name (please print):	Designation:	Signature:	Date:
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