Gift of Life Marrow Registry
800 Yamato Road, Suite 101
Boca Raton, Florida 33431 USA

Phone: +1.561.982.2900
Donor Services Fax: +1.561.982.2902
Email: donors@giftoflife.org
giftoflife.org

New Patient Information Form

Patient name: _____ __ _____
First *MI* *Last*

Date of birth: ☐☐ Month ☐☐ Day ☐☐☐☐ Year Diagnosis date: ☐☐ Month ☐☐ Day 20☐☐ Year

Diagnosis: _____ Disease Status: _____ (e.g. remission, relapse)

Patient contact information (if patient is a minor, please enter parent/guardian contact information):

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Street Address: _____

City: _____ State/Province: _____ Country: _____

Zip/Postal Code: _____ Email: _____

Name of parent(s)/guardian(s) if patient is a minor: _____

Please make selections that best describe patient's background (indicate all that apply):

American Indian or Alaska Native		Black or African American	Native Hawaiian/Pacific Islander	Asian	
☐ Alaska Native or Aleut		☐ African	☐ Guamanian	☐ Chinese	☐ Vietnamese
☐ North American Indian		☐ African American	☐ Hawaiian	☐ Filipino (Pilipino)	☐ South Asian
☐ Caribbean Indian		☐ Black Caribbean	☐ Samoan	☐ Japanese	☐ Other Southeast Asian
☐ American Indian South or Central American		☐ Black South or Central American	☐ Other Pacific Islander	☐ Korean	
White or Caucasian					
☐ Northern European	☐ Eastern European	☐ Western European	☐ North American	☐ White Caribbean	
☐ Middle Eastern	☐ North Coast of Africa	☐ White South or Central American	☐ Other White	☐ Mediterranean	

◯ **Ashkenazi Jewish** List Central/East European countries or regions	◯ **Sephardic Jewish** List North African/Middle Eastern countries or regions	◯ **Hispanic or Latino**
.....	.....	

Transplant Center Name: _____

Transplant Physician/Coordinator Name: _____

Transplant Physician/Coordinator Phone: _____ Fax: _____

HLA typing report must accompany this document. Please check box to indicate that it is attached: ☐

I authorize Gift of Life to conduct a preliminary search of the Gift of Life Registry and Bone Marrow Donors Worldwide, report the results (which may include my personal health information) to my transplant center designated above, and retain my information for ongoing search.

_____ Print name of person completing form _____ Signature _____/_____/_____ Month Day Year