

***1. What is your CIBMTR or EBMT center number?**

2. Does your center perform allogeneic HPC transplants from adult (>18 years old) related donors

- Yes
- No

Questions about the logistics of donor care at your centre

3. How many transplant physicians are involved in the care of adult transplant recipients at your center?

4. Is your center FACT/JACIE accredited?

- Yes, fully accredited
- Not yet accredited but has undergone first time inspection
- Working towards accreditation

5. Do you have a written policy/SOP for the assessment and care of related donors?

- Yes
- No

Questions about Initial Donor Counselling

6. Who makes initial contact with a related donor prior to HLA typing?

- Transplant physician
- Other physician
- Transplant specialist nurse/Advanced Practice Provider
- Other nurse
- Non-clinical administrator

7. What kind of Information is shared by the transplant program with a prospective donor prior to initiation of HLA typing? (check all that apply)

- Verbal communication
- Locally written information
- Written information from a national source (please specify)

8. Is there an assessment of donor health prior to HLA typing?

- Yes
- No

9. How is this health assessment made? (check all that apply)

- Written health questionnaire
- Health questionnaire completed over the phone
- Verbal discussion with open ended questions

Other (please specify)

10. Do you always verify that a related donor is willing to donate prior to HLA typing?

- Yes
- No

11. Who is told first when a matched family donor is found?

- The donor
- The recipient
- The referring physician
- No consistent practice

12. What is the primary professional background of the provider with ultimate responsibility for medical clearance of adult related donors?

- Internist/Family Practitioner
- Hematology/Oncology Physician (not transplant physician)
- Transplant Physician
- Other (please specify)

13. Which of the following best describes this provider's potential role in the care of the recipient? (Note: care is defined as any direct involvement with a recipient or donor by a provider, including consultation.)

- Affiliated with the same transplant program, with simultaneous responsibility for the recipient's care
- Affiliated with the same transplant program, and may be involved in recipient care before the related donor's collection/harvest is complete
- Affiliated with the same transplant program, but not involved with the recipient's care before the related donor's collection/harvest is complete
- Not involved with the transplant program or the recipient's care

14. Do related donors at your center have a donor advocate (an individual distinct from the transplant recipient's primary treating physician who works to fully inform the donor of the collection procedure and promotes the interests, well being, and safety of the donor)?

- Always
- Often
- Sometimes
- Never

15. What is the primary professional background of the provider who is ultimately responsible for obtaining informed consent for the donation process

- Internist/Family Practitioner
- Hematology/Oncology Physician (not transplant physician)
- Transplant Physician
- Other (please specify)

16. Which of the following best describes this provider's potential role in the care of the recipient?

- Affiliated with the same transplant program, with simultaneous responsibility for the recipient's care
- Affiliated with the same transplant program, and may be involved in recipient care before the related donor's collection/harvest is complete
- Affiliated with the same transplant program, but not involved with the recipient's care before the related donor's collection/harvest is complete
- Not involved with the transplant program or the recipient's care

17. What is the primary professional background of the provider who is ultimately responsible for the donor's medical management?

- Internist/Family Practitioner
- Hematology/Oncology Physician (not transplant physician)
- Transplant Physician
- Other (please specify)

18. Which of the following best describes this provider's potential role in the care of the recipient?

- Affiliated with the same transplant program, with simultaneous responsibility for the recipient's care
- Affiliated with the same transplant program, and may be involved in recipient care before the related donor's collection/harvest is complete
- Affiliated with the same transplant program, but not involved with the recipient's care before the related donor's collection/harvest is complete
- Not involved with the transplant program or the recipient's care

Questions about the donor medical evaluation

19. Does your unit have written/defined eligibility criteria for adult related donors?

- Yes
- No

20. Where are these criteria derived from?

- Locally created
- Based on NMDP criteria
- Based on WMDA criteria

21. Do you use a health history written questionnaire as part of your adult related donor assessment?

- Yes
- No

22. Is this completed by

- transplant programme personnel
- blood bank personnel

Questions about PBSC donation

23. Does your center perform PBSC harvests on related donors?

- Yes
- No

24. Who administers the GCSF? (check all that apply)

	First GCSF dose	Subsequent doses
Your center	<input type="checkbox"/>	<input type="checkbox"/>
Another healthcare provider	<input type="checkbox"/>	<input type="checkbox"/>
The donor themselves/their family	<input type="checkbox"/>	<input type="checkbox"/>

25. Regarding plerixafor use in related donors:

	Yes	No	Only in the context of a clinical trial
Do you ever use it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you ever use it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Who has the medical responsibility for the apheresis procedure itself?

- A transplant physician
- A physician from another team/institution

27. Do you have a limit for the number of apheresis procedures a related donor will undergo for their initial donation?

- No
- Yes (please specify)

28. Who are donors asked to contact if they develop complications during the mobilization period?

- The transplant team at your center
- Another team at your center
- Another healthcare provider (please specify)

Questions about related bone marrow donation

29. Does your center perform bone marrow harvests on related donors?

- Yes
- No

30. Who performs bone marrow harvests at your center?

- The transplant team responsible for care of recipient
- Other transplant physicians
- Another team

31. Do you have a process for credentialing bone marrow harvest physicians?

- Yes
- No

32. Do you have a defined limit for the amount of bone marrow to harvest?

- No, it is decided on a case by case basis
- Yes (please specify the limit)

33. If you admit bone marrow donors following harvest, where do they stay?

- The same ward as their recipient
- A different ward
- We do not routinely keep bone marrow donors in overnight

34. Do related adult bone marrow donors routinely receive the following?

	Yes	No
Collection and return of (an) autologous unit(s)	<input type="radio"/>	<input type="radio"/>
Collection of autologous unit(s) which is/are not routinely returned	<input type="radio"/>	<input type="radio"/>
A course of oral iron	<input type="radio"/>	<input type="radio"/>

Questions about the follow-up of related donors

35. At which of the following time point(s) and through which of the following means, are your related donors followed up post-donation? (answer as many as appropriate)

	By telephone	Written questionnaire	Clinic review
Within 1 week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
>10years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other time points (please specify)

36. Who are donors asked to contact if they develop medical issues following their donation which may be potentially donation related?

- The transplant team
- Another team at your center

Another healthcare provider (please specify)

37. Do you have a written policy regarding subsequent donations from related donors?

- Yes
- No

38. Is there a limit to the number of subsequent donations a related donor may undergo at your center?

- No
- Yes (please specify the limit)

39. Thank you for your participation. If you would like to make any comments about the care of family donors please include them here.