

Pediatric Blood and Marrow Transplant Adult Blood and Marrow Transplant Stem Cell Laboratory

DOCUMENT NUMBER: COMM-PAS-020 FRM3		
DOCUMENT TITLE: Donor Risk Questionnaire Addendum- Monkeypox FRM3		
DOCUMENT NOTES:		
Document Information		
Revision: 01	Vault: COMM-PAS-rel	
Status: Release	Document Type: COMM-PAS	
Date Information		
Creation Date: 20 Jun 2025	Release Date: 01 Jul 2025	
Effective Date: 01 Jul 2025	Expiration Date:	
Control Information		
Author: MC363	Owner: MC363	
Previous Number: None	Change Number: PAS-CCR-043	

InfoCard #: COMM-PAS-020 FRM3 Rev. 01 Effective Date: 01 Jul 2025

COMM-PAS-020 FRM3 Donor Rish Questionnaire AddendumMpox

Please complete the 3 questions (labeled 1-3) below regarding monkeypox:

Note: <u>in the case of donors for thymus transplant, or pediatric donors</u>, each question should be addressed as "have you or your child"

	the past 21 days have you:	nt with a naroon or an animal		
I.	cared for, lived with, or otherwise had close contact diagnosed with or suspected of having monkeypox		🗆 No	□Yes
2.	been diagnosed with or suspected of having monk	eypox infection?	🗆 No	□ Yes
3.	developed a rash or other symptoms suggestive o	f monkeypox infection?	🗆 No	□ Yes
Th	is section below is for Staff only:			
	signate the program through which the donor is ass ATCT PTCT Other (specify)			
	ALL questions above, a "yes" response must be review proval or exclusion for donation must be provided.	ed by the medical director, or progra	m-specific designe	e, and
Pro	ogram Staff Review			
	(Print Name)	(Signature)	(Date)	

Signature Manifest

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All dates and times are in Eastern Time.

COMM-PAS-019 FRM3 -- COMM-PAS-021 JA3

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Document Release

Name/Signature	Title	Date	Meaning/Reason
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