

ATTENTION

The primary goal of this study is to test the safety and efficacy of donor granulocytes at a proposed dose. The following conditions are established in order to minimize the unnecessary risks of this experimental cancer treatment.

**THE FOLLOWING CONDITIONS WOULD MAKE YOU INELIGIBLE FOR THIS TRIAL
(PLEASE REVIEW COMPLETELY PRIOR TO FILLING OUT THE REMAINDER OF THE FORM)**

- 1) YOU ARE NOT CAPABLE OF CARING FOR YOURSELF
- 2) WHILE YOU ARE AWAKE, YOU ARE NOT UP AND ABOUT FOR GREATER THAN HALF THE TIME.
- 3) YOU HAVE DIABETES, SIGNIFICANT CARDIAC DISEASE AND/OR AN ACTIVE SERIOUS INFECTION.
- 4) YOU HAVE USED IMMUNOSUPPRESSIVE AGENTS OTHER THAN STEROIDS WITHIN 30 DAYS OF THE TRIAL.
- 5) YOU ARE PREGNANT OR NURSING.
- 6) YOU HAVE RECEIVED BONE MARROW/STEM CELL TRANSPLANTS.
- 7) YOU HAVE A BRAIN TUMOR OR YOUR CANCER HAS SPREAD TO YOUR BRAIN.
- 8) YOU HAVE UNDERGONE TREATMENT WITH FLUDARABINE (a chemotherapeutic agent used in cancer treatment. If you are not sure whether you have received fludarabine, this can be clarified by your doctor and/or medical records).
- 9) YOU HAVE A CANCER THAT AFFECTS THE BLOOD OR BONE MARROW.
- 10) YOU MAY STILL BENEFIT FROM CONVENTIONAL TREATMENTS.

For additional information regarding this trial please call the South Florida Bone Marrow Stem Cell Transplant Institute research team at (561) 752-5522.

Subject Reply Form



PATIENT CONTACT INFORMATION

NAME: (last, first) _____

PHONE NUMBER: _____

EMAIL: _____

HOME ADDRESS: _____

REFERRING PHYSICIAN CONTACT INFORMATION

NAME: (last, first) _____

PHONE NUMBER: _____

EMAIL: _____

ADDRESS: _____

By checking here you are authorizing that South Florida Bone Marrow Stem Cell Transplant Institute is using this information to determine your eligibility for the trial.

INSTRUCTIONS:

Please fill out the above information completely. Also, please respond to all questions on the following pages. After reviewing all information, please mail pages 1 through 3 to the address below.

Send completed forms to:

**WHITE BLOOD CELL TRANSFER TRIAL:
CANCER-PARTICIPANT REPLY
South Florida Bone Marrow
Stem Cell Transplant Institute
10301 Hagen Ranch Road, Suite 600
Boynton Beach, FL 33437**

PATIENT HEALTH INFORMATION

WHITE BLOOD CELL TRANSFER TRIAL

NAME: (last, first) _____

DATE OF BIRTH: (mm/dd/yyyy) (/ /) AGE: _____

1) What is your gender ?

	MALE
	FEMALE

2) What is your self-declared race ?

	WHITE
	BLACK
	ASIAN
	OTHER

If OTHER, please specify below.

3) What is your blood type ?

A +			A -
B +			B -
AB +			AB -
O +			O -
			DON'T KNOW

4) Do you have a cancer that affects your blood or bone marrow?

	YES
	NO

5) Do you have a brain tumor or has your cancer spread to your brain?

	YES
	NO

6) Are you capable of caring for yourself ?

	YES
	NO

7) Do you have diabetes ?

	YES
	NO

8) Do you have a history of heart problems ?

	YES
	NO

9) Have you ever been pregnant ?

	YES
	NO

If YES, how many times ?

	1
	2
	3
	4 OR MORE

10) Are You Currently Pregnant or Nursing ?

	YES
	NO
	DON'T KNOW

11) Have you ever been treated with Fludarabine?

	YES
	NO
	DON'T KNOW

12) Have you ever received blood products or bone marrow/stem cell transplants ?

	YES
	NO
	DON'T KNOW

13) What is the stage of your Disease ?

	1
	2
	3
	4
	DON'T KNOW

