

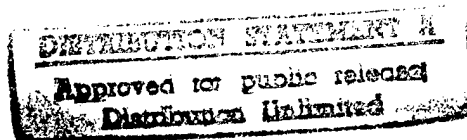
C.W. BILL YOUNG MARROW DONOR RECRUITMENT AND RESEARCH PROGRAM

FINAL TECHNICAL REPORT FOR GRANT N00014-93-1-1395

REPORT SUBMITTED BY:

R. D. Brown

RD Brown, Director, Donor Services
C.W. Bill Young Marrow Donor Center



7/30/97

OPENING STATEMENT

Grant N00014-93-1-1395 became effective 01 October 1995. This report will cover activity performed under Grant N00014-93-1-1395 from 01 May 1997 through June 30, 1997. The C.W. Bill Young Marrow Donor Recruitment and Research Program is commonly referred to in documents covering the period of the grant as the "DoD Donor Program," the "Bill Young Marrow Donor Center," and the "Department of Defense Marrow Donor Center". For purposes of brevity the C.W. Bill Young Marrow Donor Recruitment and Research Program will be referred to as the BYMDC throughout this report.

The mission of BYMDC is to "recruit and enroll eligible Department of Defense (DoD) members and other eligible personnel into the National Marrow Donor Program® Registry; support the DoD contingency requirement for unrelated bone marrow donations and tissue typed matched blood platelets; support and contribute to ongoing research in tissue typing techniques and unrelated marrow transplantation efficacy (especially as it relates to donors); and to provide outstanding management services to those members who are selected as potential marrow donors."

To accomplish its mission, the BYMDC identified three functional areas in which work must be accomplished. These areas are: 1) Recruiting Management; 2) Donor Services Management; and, 3) Administration. This work is interrelated and its appropriate accomplishment assures success of the BYMDC.

PLEASE CHECK THE APPROPRIATE BLOCK BELOW:

-AO# _____

_____ copies are being forwarded. Indicate whether Statement A, B, C, D, E, F, or X applies.

DISTRIBUTION STATEMENT A: APPROVED FOR PUBLIC RELEASE: DISTRIBUTION IS UNLIMITED
FINAL TECHNICAL REPORT
N00014-93-1-1395

DISTRIBUTION STATEMENT B: DISTRIBUTION AUTHORIZED TO U.S. GOVERNMENT AGENCIES ONLY; (Indicate Reason and Date). OTHER REQUESTS FOR THIS DOCUMENT SHALL BE REFERRED TO (Indicate Controlling DoD Office).

DISTRIBUTION STATEMENT C: DISTRIBUTION AUTHORIZED TO U.S. GOVERNMENT AGENCIES AND THEIR CONTRACTORS; (Indicate Reason and Date). OTHER REQUESTS FOR THIS DOCUMENT SHALL BE REFERRED TO (Indicate Controlling DoD Office).

DISTRIBUTION STATEMENT D: DISTRIBUTION AUTHORIZED TO DoD AND U.S. DoD CONTRACTORS ONLY; (Indicate Reason and Date). OTHER REQUESTS SHALL BE REFERRED TO (Indicate Controlling DoD Office).

DISTRIBUTION STATEMENT E: DISTRIBUTION AUTHORIZED TO DoD COMPONENTS ONLY; (Indicate Reason and Date). OTHER REQUESTS SHALL BE REFERRED TO (Indicate Controlling DoD Office).

DISTRIBUTION STATEMENT F: FURTHER DISSEMINATION ONLY AS DIRECTED BY (indicate Controlling DoD Office and Date) or HIGHER DoD AUTHORITY.

DISTRIBUTION STATEMENT X: DISTRIBUTION AUTHORIZED TO U.S. GOVERNMENT AGENCIES AND PRIVATE INDIVIDUALS OR ENTERPRISES ELIGIBLE TO OBTAIN EXPORT-CONTROLLED TECHNICAL DATA IN ACCORDANCE WITH DoD DIRECTIVE 5230.25, WITHHOLDING OF UNCLASSIFIED TECHNICAL DATA FROM PUBLIC DISCLOSURE, 6 Nov 1984 (Indicate date of determination). CONTROLLING DoD OFFICE IS (Indicate Controlling DoD Office).

This document was previously forwarded to DTIC on _____ (date) and the AD number is _____.

In accordance with provisions of DoD instructions, the document requested is not supplied because:

It will be published at a later date. (Enter approximate date, if known).

Other. (Give Reason)

DoD Directive 5230.24, "Distribution Statements on Technical Documents," 18 Mar 87, contains seven distribution statements, as described briefly above. Technical Documents must be assigned distribution statements.

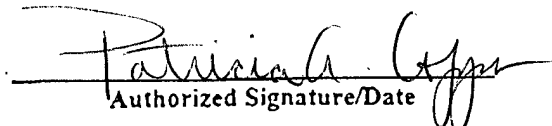
Date: 20 October 1997

Patricia A. Coppo, Chief Operating Officer

Print or Type Name

(612) 627-5800

Telephone Number


Authorized Signature/Date



National Marrow
Donor Program

National Coordinating Center
3433 Broadway Street N.E.
Suite 500
Minneapolis, MN 55413
612-627-5800
1-800-526-7809
FAX: 612-627-8125

Board of Directors

John A. Hansen, M.D., *Chair*
Jonathan R. Leong, *Vice Chair*
Clara Padilla Andrews
Joseph H. Antin, M.D.
Richard H. Aster, M.D.
Laurence D. Atlas, Esq.
Bo Dupont, M.D., D.Sc.
Roger W. Evans, Ph.D.
Bart S. Fisher, Esq., Ph.D.
David B. Frohnmayer, Esq.
J. Cunyon Gordon, Esq.
Jerome Haarmann
Frederick J. Harris, M.S.E.E., M.B.A.
Mary M. Horowitz, M.D., M.S.
Ernst R. Jaffé, M.D.
Nancy A. Kernan, M.D.
Susan Leitman, M.D.
Nicholas J. Neuhause, Esq., M.S.M.
Peter L. Page, M.D.
Charles A. (CAP) Parlier
Frans Peetoom, M.D., Ph.D.
Herbert A. Perkins, M.D.
Lt. Gen. Frank E. Petersen, Jr.
Robert K. Ross, M.D.
John S. Thompson, M.D.
Charles H. Wallas, M.D.
Steven N. Wolff, M.D.
Antronette K. Yancey, M.D., M.P.H.
Admiral E. R. Zumwalt, Jr.
Craig W. S. Howe, M.D., Ph.D.
Chief Executive Officer

Chairs Emeritus:

Robert C. Graves, D.V.M.
Admiral E. R. Zumwalt, Jr.

Laura Graves Award:

The Honorable C. W. Bill Young
John A. Hansen, M.D.
Claude Lenfant, M.D.

A collaborative effort of the

**American Association
of Blood Banks**

American Red Cross

America's Blood Centers

With funding from:
Health Resources and Services
Administration and
Naval Medical Research and
Development Command

October 3, 1997

Attn: Constance Oliver, Ph.D.
Scientific Officer, Cell Biology
Office of Naval Research, Room 823
800 North Quincy Street, Code 1141SB
Arlington, VA 22217-5000

**SUBJECT: C. W. Bill Young Marrow Donor Center
Navy Grant N00014-93-1-1395
Final Technical Report**

Dear Dr. Oliver:

Enclosed is the Final Technical Report for the C. W. Bill Young Marrow Donor Center as required under the subject Grant. If there are any questions regarding the contents of this report, please contact Mr. R.D. Brown, Director of Donor Services, at (612) 627-5840.

If I can be of assistance in any way do not hesitate to contact me at (612) 627-5855.

Sincerely,

Debra M. Elvine, CPCM
Manager, Contracts and Purchasing

Enclosure

c: Capt. Robert J. Hartzman, (MC) USN
David Wyner, ONR
R.D. Brown
G. Bryan
DTIC ✓ Code OCA

DTIC QUALITY INSPECTED 3

The National Marrow Donor Program® is an Affirmative Action/Equal Opportunity Employer

ADMINISTRATION

LOCATION:

Office space was rented for the BYMDC at the following location during the period of this report:

May 1997 - Present

5516 Nicholson Lane
Bldg. A, 3rd. Floor
Kensington, Maryland 20895

PERSONNEL:

Throughout the period covered by Navy Grant N00014-93-1-1395 the BYMDC was staffed with both full-time equivalent personnel (FTE's), and occasionally with some part-time personnel (Temp Agency). Positions within the BYMDC continue to be established as program requirements (growth) have demanded. Positions established and staffed at the date of this report are as follows:

<u>Position</u>	<u>Date Established/Comments</u>	
General Manager	September 1990	FTE
Admin. Asst., Donor Center	May 1991	FTE
Recruitment Specialist	December 1990	FTE
Recruitment Specialist	December 1990	FTE
Recruitment Specialist	August 1993	FTE
Data Entry Clerk, Donor Services	December 1990	FTE
Donor Services Admin. Asst.	September 1996	FTE
Donor Services Admin. Asst.	April 1996	FTE
Donor Services Coordinator	May 1991	FTE
Donor Services Coordinator	June 1991	FTE
Donor Services Coordinator	August 1993	FTE
Donor Services Coordinator	October 1993	FTE
Donor Services Supervisor	March 1992	FTE
Confirmatory Typing Coordinator	January 1997	FTE

Note: The above positions are those that existed throughout the period and at the expiration of the grant.

FISCAL: See Tab A.

RECRUITING MANAGEMENT

INFORMATION BRIEFINGS AND PUBLIC AWARENESS:

The first step to successful recruiting is awareness of need throughout the general public. Awareness of need, combined with sufficient factual information about donor involvement in the unrelated marrow transplant process is essential for an individual to be able to make an informed decision about personal participation.

The BYMDC began conducting briefings and information sessions at military and other DoD installations in August 1990. These briefings and information sessions continued throughout the period covered by this grant. This work was accomplished by a representative from the BYMDC who would travel to the installation.

Wherever possible, the existing DoD media (installation newspapers, cable television networks, radio stations and in some cases, e-mail) was used to increase public awareness within the DoD. Other informational materials such as National Marrow Donor Program® approved pamphlets, videos and information sheets, were also distributed among a large number of DoD installation.

MARROW DONOR DRIVES

Marrow donor drives scheduled by the BYMDC from May 1997 through June 1997 resulted in 4,182 persons being recruited into the national Registry. These persons are categorized as follows:

May 1997 - June 1997

Total:	4,182
Caucasian*:	2,588 (62%)
Minority:	1,594 (38%)

- Notes: 1. *Caucasian count includes Caucasian, other, decline to answer, and unknown categories.
2. This is a report of recruiting performance and does not indicate file retention.

Throughout the period covered by the grant the BYMDC continued to develop and perfect recruiting techniques so that recruiting performance was greatly improved. Much effort was made to provide effective publicity and public education/awareness within the Department of Defense establishment.

The BYMDC Recruiting Management Department was responsible for procurement of medical supplies, shipment of medical supplies to the drive site, and shipment of specimens from the drive site to the laboratory (Naval Medical Research Institute) for processing. This required much administrative effort, coordination of schedules, and expenditure of funds in order to assure that blood specimens arrived at the laboratory for testing in a timely manner.

RECRUITING ACTIVITY LOCATIONS:

Tab B provides a listing of DoD locations at which recruiting activities occurred during the period of 01 May 1997 through 30 June 1997.

DONOR SERVICES MANAGEMENT

Donor Services management involves all aspects of work which may bring an individual from the point of being a potential donor to actual marrow donation. When donation occurs it is necessary to follow the donor (post-donation), with health checks and other administrative interventions for six months or more.

Donor services management requires intensive interaction between a donor services coordinator and the prospective donor. The work is very labor intensive and is one-on-one. The work involves locating and contacting identified potential donors, providing detailed information and counseling, arranging for and coordinating additional blood testing, physical examination and finally, arranging for and coordinating actual marrow collection.

Tab C provides an outline of the essential functions necessary to perform acceptable donor services management. These functions have evolved and improved throughout the existence of the program.

DR REQUESTS (HLA Typing for 5th and 6th antigens):

During the period of May 1997 through June 1997, approximately 36 patient-directed DR requests were made to the BYMDC.

CONFIRMATORY TYPING (CT) REQUESTS:

The most significant step leading to actual marrow donation is a request that an individual must undergo confirmatory typing. Approximately 9% of CT requests during this reporting period resulted in marrow donation.

CT requests for the period of this report are as follows: 311

MARROW DONATIONS:

During the period covered by this report, 27 marrow donations were completed within the BYMDC program, in addition to some transfers which led to donation and apheresis procedures.

TAB A

DOD CENTER (NAVY)

NOOO14-93-1-1395

SCHEDULE 7

ACCOUNT NAME	ORIGINAL APPROPRIATED	ORIGINAL EXPENSES	EXTENSION APPROPRIATED	BUDGET REMAIN.	FY94 1997												EXPENDED REMAINING		
					APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR		APR	EXTENSIO
COMPENSATION	160,958	200,507	173,429	(39,548)	12,283	\$21,144	\$13,145	\$11,602	\$12,187	\$11,819	\$12,954	\$15,581	\$9,216	\$11,463	\$13,033	\$13,189	\$0	\$15,815	(23,734)
BENEFITS/INSURANCE	41,398	31,661	44,720	9,737	7,808	\$4,167	\$4,908	(\$2,613)	\$5,185	\$2,225	\$4,515	\$3,627	\$3,580	(\$297)	\$3,795	\$3,553	\$4,099	\$171	9,908
TEMPORARY LABOR		0		0														\$0	0
COMP ABSENCE		0		0														\$0	0
SUBTOTAL	202,357	232,168	218,149	(29,811)	20,090	25,311	18,053	8,988	17,372	14,044	17,469	19,208	12,796	11,166	16,827	16,741	4,099	15,985	(13,826)
ARFARE	73,835	65,913	76,788	7,922	13,402	4,795	3,429	3,654	5,649	3,793	5,374	8,674	8,674	2,210	6,228	3,488	2,759	\$13,333	21,255
HOTEL	31,306	23,131	20,000	14,175	3,402	3,128	1,178	2,656	2,779	(322)	729	1,724	66	1,067	2,078	1,960	3,200	(\$3,645)	10,530
MEALS & MISC.	38,860	33,626	20,000	5,234	4,636	2,187	3,124	2,586	2,586	(845)	1,023	3,082	252	2,058	2,143	1,919	2,425	(\$8,298)	(3,064)
GUEST SPEAKER FEES	7,000	0	1,000	2,000														\$1,000	3,000
GUEST SPEAKER TRAVEL	10,000	6,219	9,000	3,781														\$9,000	12,781
GUEST SPEAKER MEALS	1,000	1,348	1,000	(348)														\$1,000	652
GUEST SPEAKER HOTEL	4,000	383	4,000	3,617														\$4,000	7,617
SUBTOTAL	167,001	140,619	131,788	36,382	21,440	11,631	6,795	9,434	11,014	2,626	7,126	4,806	8,992	5,335	10,448	7,367	8,384	\$16,390	52,771
MBRSHIP-PROF ORG	500	49	500	451	39													\$461	912
VOLUNTEER COMMITTEES			17,885	0														\$17,885	17,885
COPIER RENTAL	3,000	847	0	2,153														\$0	2,153
COPIER SUPP. & COPYING	500	1,536	900	(656)			163		136	112					35	143	52	\$260	(396)
PRINTING	18,350	8,997	0	9,353	27	182		27						146	553	192	1,165	397	6,138
NEWSLETTERS	2,000	0	0	2,000														\$0	2,000
SUBTOTAL	24,250	11,400	900	12,850	27	182	163	27	136	112	146	553	192	1,165	432	232	489	(\$2,955)	9,896
POSTAGE	7,000	2,310	7,400	4,670														\$7,400	12,070
OVERNIGHT DEL(EPD EX)	750	2,175	22,800	(1,425)	289									1,080		26		\$21,405	19,980
PARCEL DELIVERY (UFS)	21,920	1,050	750	20,870														\$750	21,620
POSTAGE MACH MAINT.	510	642	600	(132)	69	85	69	142		69	69	69	69	186	7	139	139	(\$445)	(576)
COURIER EXP (NOVA)	44,000	43,027	45,750	973	7,213	6,759		10,396		8,066	1,875	7,079		6,503	4,045	(146)		(\$6,039)	(5,067)
SUBTOTAL	74,180	49,225	77,300	24,955	7,571	6,844	69	10,537	8,136	1,944	1,944	7,079	69	7,769	4,053	19	139	\$23,071	48,027
LOCAL TELE SVC	2,300	3,744	3,440	(1,544)	346	410	404											(\$1,537)	(3,080)
800 NUMBER SVC	4,000	6,220	6,280	(2,220)														\$6,280	4,060
LONG DISTANCE SVC	4,000	10,104	6,280	(6,104)	3,492	1,345	1,317	920	43	1,949	941	1,365	1,052	901	869	1,291	1,142	(\$10,347)	(16,450)
ELECTRONIC MAIL	500	498	2,500	2	436	196	196		205	230	229	229	261	247	223	213	212	(\$182)	(180)
PAGERS	2,800	1,933	2,500	(1,133)	208	215	260	210	249	403	196	200	200	198	206	195	496	(\$287)	(1,420)
SUBTOTAL	13,500	24,499	21,000	(10,999)	4,047	2,407	2,177	1,129	249	3,893	1,367	1,954	2,247	1,695	1,640	2,069	2,198	(\$6,072)	(17,071)

DOD CENTER (NAVY)

SCHEDULE 7

NO0014-93-1-1395

ACCOUNT NAME	ORIGINAL APPROPRIATED	ORIGINAL EXTENDED	EXTENSION APPROPRIATED	BUDGET REMAIN.	1997												EXPENDED REMAINING EXTENSIO TOTAL					
					APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR		APR				
RECRUIT. DRIVE SUPPLIES	20,000	46,748	5,000	(26,748)	12,398	3,111	3,385	4,649	457	457	516	1,007	480							(21,004)	(47,752)	
OFFICE SUPPLIES	3,300	4,420	1,500	(1,220)	268	132	115	177	330	330	117	19	398	225							(1,545)	(2,765)
MISCELLANEOUS	600	1,257	0	(657)	0	70	61	18	632	632	1,328	457	931	660							(36,743)	(7,400)
SAMPLE COLLECTION	0	0	0	0	0	0	0	0	0	0	0	0	0	0							\$0	0
AB TYPING	0	0	0	0	0	0	0	0	0	0	0	0	0	0							\$0	0
MLC SUPPLIES	0	0	0	0	0	0	0	0	0	0	0	0	0	0							\$0	0
LAB TESTS	0	0	0	0	0	0	0	0	0	0	0	0	0	0							\$0	0
EQUIPMENT	23,800	52,423	6,500	(28,625)	12,666	3,314	3,562	4,667	317	1,420	1,445	992	2,336	1,366							(29,292)	(57,917)
SUPPLIES	0	0	500	0	0	0	0	0	0	0	0	0	0	0							\$500	500
OFFICE RENT	500	0	500	0	0	0	0	0	0	0	0	0	0	0							\$500	1,000
OFFICE EQUIPMENT	10,286	15,990	19,596	(5,704)	1,565	3,908	1,358	3,908	3,908	3,908	3,908	7,324	7,324	15,543							(336,474)	(42,179)
COMPUTER SERVICE	0	0	0	0	0	0	0	0	0	0	0	0	0	0							\$0	0
TOTAL EXP (OTHER)	10,786	15,990	20,596	(5,204)	1,565	0	3,908	1,358	3,908	3,908	3,908	7,324	0	15,543							(35,474)	(40,679)
GRANT TOTAL (NAVY)	314,017	284,207	276,469	29,810	47,355	24,377	16,675	27,153	15,623	20,096	15,936	22,708	13,837	28,118							(15,985)	13,825
	516,374	516,374	494,618	0	67,446	49,688	34,727	36,142	32,995	34,140	33,405	41,915	26,633	32,217							0	0

TAB B

May

1997

Sun	Mon	Tue	Wed	Thu	Fri	Sat
UPDAT3D: 5/23/97				1 BROOKS AFB, TX (SELF) NAS, PENSACOLA, FL (L)	2	3 MICHIGAN ARMY NAT'L GUARD, MI (R)
4 NAVY/MARINE RESERVE, AZ (E)	5	6	7 WRI PATT, OH (SELF) LITTLE ROCK, AR (L)	8 LITTLE ROCK AR (L)	9 FT BRAGG, NC (SELF)	10
11	12	13	14 FT BRAGG, NC (E)	15 VANDENBURG AFB, CA (R) USS ENTERPRISE, VA (SELF)	16 TRAVIS AFB, CA (SELF)	17 TRAVIS AFB, CA (SELF)
18 NAVAL & MARINE RESERVE CTR. AZ (SELF)	19	20 DAVIS MOTHEM, AZ (E)	21	22 C. PENDLETON, CA (L)	23	24
25	26 HOLIDAY	27	28 FT CAMPBELL, KY (R) C. LEJEUNE, NC (SELF)	29 FT CAMPBELL, KY (R) YORKTOWN NAV WEAPONSS NORFOLK, VA	30	31 HEALTH FAIR - TRAINING 5/9/97 & 5/13/97 FT BRAGG, NC (EDDIE)

June

1997

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
<p>1</p> <p>UPDATED: 6/24/97</p>		<p>3</p> <p>CAMP PENDLETON, CA (SELF)</p>		<p>5</p> <p>WRI. PATT.OH GRAND FORKS, ND (E) USMC ALBANY, GA (L)</p>		
<p>8</p>	<p>9</p> <p>RESOURCE CENTER, BREM, WA (R)</p>	<p>10</p> <p>USS CARL VINSON, BREMERTON, WA (R)</p>	<p>11</p> <p>TINKER AFB, OK (L)</p>	<p>12</p> <p>TINKER AFB, OK (L) FT DIETRICK, MD (E)</p>		
<p>15</p> <p>FT CARSON, CO (E)</p>	<p>16</p> <p>FT CARSON, CO (E)</p>	<p>17</p> <p>C. LEJEUNE, NC (SELF) ----- -FT CARSON, CO (E)</p>	<p>18</p> <p>FT CARSON, CO (E)</p>	<p>19</p> <p>FT CARSON, CO (E) ----- FT STEWART, GA (L)</p>	<p>20</p> <p>FT CARSON, CO (E)</p>	<p>21</p>
<p>22</p>	<p>23</p>	<p>24</p> <p>REDSTONE ARSENAL, AL (SELF)</p>	<p>25</p>	<p>26</p> <p>PENTAGON, VA (L)</p>	<p>27</p>	<p>28</p>
<p>29</p>	<p>30</p>		<p>BRIEFINGS: 6/9/97 DoD SUPPLY CENTER, RICHMOND, VA (LARRY)</p>			

TAB C

**Bill Young (DoD) Marrow
Donor Program**

**Donor Workup Process
May 1997**

BYMDC Donor Workup Process

Date: April 1997

1. Access MCI Mail and Request Handling:

- Donor Services Administrative Assistant (DSAA) accesses DoD MCI Mailbox and prints incoming messages.
- Prints worksheet.
- Confirms receipt of DR & CT requests via MCI script.
- DSAA faxes DR worksheet to DR Lab.
- DSAA faxes new CT requests to Data Services Assistant (DSA) at the Navy Bone Marrow Registry (NBMR) office.
- DSAA checks completed section of CT worksheet and pulls released donors, writes status code on outside of folder, and sends release letters to each donor.

2. DR Requests:

- FOR SAMPLES WITH SUFFICIENT CELLS : When the request is received via fax by the NBMR DR lab, the sample is pulled for HLA-DR typing. Once the typing is completed, the results are sent via E-mail to NMDP.
- FOR SAMPLES WITHOUT SUFFICIENT CELLS: If it is determined that insufficient cells exist to perform HLA-DR testing, the lab notifies donor center that an additional specimen will have to be drawn in order to complete typing.
- DSAA requests donor consent form from Data Services Assistant (DSA). Consent forms are printed and faxed to donor center.
- The donor is contacted via phone and/or mail, donor's interest is assessed, and an appointment date is scheduled for the sample to be drawn at the nearest DoD Medical Treatment Facility.
- A DR testing kit is sent to the third party lab where sample will be drawn.
- NBMR DR lab is contacted and informed of specimen collection and arrival dates.
- On day of draw, DSAA schedules FedEx pickup of the specimen (refer to FedEx section).
- The same day or the following day, FedEx is called to verify package pickup (refer to Fed Ex section).

3. DR Requests from Civilian Donor Center:

- Receive request from civilian donor center for DR transfer. The donor has been contacted by transferring DC, interest assessed, and he/she qualifies for the DoD Marrow Donor Program.
- Civilian DC faxes donor demographic information to DoDDC, and initiates transfer via TR_NMDP script.
- Demographic information is faxed to NBMR DR lab.
- The donor is contacted and an appointment is scheduled with the nearest DoD medical treatment facility.
- A DR testing kit is sent to the base lab, including DoD demographic consent and DR stage testing consent forms for donor to complete (to be returned with blood to NBMR).
- NBMR DR lab is notified of transfer and of specimen collection and arrival dates.
- Appointment date is entered into DR_NMDP script.
- On collection date, DSAA schedules FedEx pickup of the specimen (refer to Fed Ex section).
- DSAA FedEx pickup the same day or early next morning (refer to FedEx section).
- DSAA confirms receipt of samples and consent form by DR lab the next day.
- Upon confirmation, transfer is accepted via TA_NMDP script.
- NBMR reports results to NMDP and enters all donor demographic information into system.

4. CT Requests:

- DSAA faxes CT requests from NMDP Worksheet to DSA at NBMR.
- CT requests are received via fax by DSA at NBMR.
- The requested donor consent forms are printed from Canon file and faxed to DSAA.
- DSAA verifies ID numbers and prepares a manila folder for each donor which includes consent form and pertinent patient information on outside flap of folder.
- DSAA assigns donors to DSC's (he/she keeps a list in computer of which DSC received what file).
- DSAA initiates TransUnion (TU) search on each donor, and sends CT stage search letters to the most current address listed for each donor.
- CT requests are distributed to DSCs for contacting and screening for eligibility to proceed with CT stage testing.

5. CT Contacting:

- DSC contacts donors - starting with urgent requests and oldest pending requests.
- Call home number from original consent form, if unsuccessful...
- Call work number; if number's not current, see if coworkers, supervisor, etc. knows where donor may be stationed, if unsuccessful.....
- Call "411" information to see if there is a listing for donor at address listed on most recent TransUnion search, if unsuccessful...
- Call emergency contact; if number is not current, try "411" information for new listing, if unsuccessful.....
- Attempt to contact donor via locator services (i.e.: Navy); if unsuccessful, try.....
- Sending certified letter or FedEx overnight letter to most current address from TransUnion search.
- If all attempts are unsuccessful, the donor should be reported as UC or TU depending on the information the DSC has (i.e. the DSC knows the donor is overseas or on a ship, etc.).

6. Scheduling CTs:

- Once the donor's interest is assessed, the DSC explains CT request which includes: explanation of test, odds of matching, workup process, and marrow collection procedure.
- The DSC performs health history to assess eligibility/anesthesia risk. If any questions/concerns arise consult with Associate Medical Director. Remember to obtain a copy of any medical records for procedures or conditions you feel may potentially disqualify donor (for Medical Director's review).
- Donor Services Supervisor (DSS) must review and sign off on all medical histories.
- An appointment is scheduled with the nearest DoD medical treatment facility to the donor.
- The appointment is confirmed with POC at base lab.
- Appointment date is reported via CT_NMDP script.
- Message is sent via MCI to TCC and courtesy copied to SC regarding appointment date.
- Appointment is written in FedEx book.
- A CT package containing two kits is sent to the POC at the lab.
- A consent form and educational materials are sent to the donor's residence via FedEx 2-day delivery. The donor will read, sign, have CO sign, and return consent in enclosed SASE.
- Donor's file is placed in active donors cabinet, in CT requests scheduled section.
- DSC completes address correct form, if necessary, and submits to DSAA for change in system.
- On the day of specimen collection, DSAA schedules FedEx pickup of all samples being collected on that day (refer to Federal Express section). Each file is then returned to front of the cabinet in the CTs drawn/consents pending section.
- The DSAA verifies all pickups same day or early the following day (refer to Fed Ex section).
- Once donor is stasured, DSAA databases information and files donor record.
- Note: Anytime a files is removed from a drawer a "file out" marker must be substituted, the date, id number, and initials of "pullee" must be documented on marker.

7. Transfer Donor:

- If donor is no longer in the military, transfer to a civilian donor center.
- Call civilian donor center to inform of transfer.
- Call NBMR and request donor's HLA type.
- Fax accepting center all of donor's information (current demographics, consent form, section of worksheet with donor/patient information, HLA type). NOTE: No hardcopies are sent to accepting donor center - the fax is to be considered the hardcopy.
- Access MCI and initiate transfer via TR_NMDP script.
- Once transfer has been accepted and shows up as completed on transfer status report, fax a message to Medical Director's lab, Attn: DSA, stating to remove the file (give donor initials, local id, national id, and SSN).
- Additionally, information must be recorded on Lab Deletion List (located next to the fax machine).
On outside of donor's file, write date transfer initiated and completed and place file in the cabinet drawer labeled "files to be databased."
- DSAA databases information and files chart.
- NOTE: If the transfer remains on the transfer status report for longer than 3 days, the initiating center must contact the accepting donor center and inquire about the status.

8. Donor Not Interested:

- Donor states he/she is not interested in continuing participation with the NMDP.
- Report NI via MCI CT_NMDP script.
- Fax message to Medical Director's lab, Attn: DSA, to remove record from system (give donor's initials, local id, national id, and SSN).
- Additionally, information must be recorded on Lab Deletion List (located next to the fax machine).
- On outside of donor's file write date and NI.
- DSAA databases information and files chart.

9. Donor Temporarily Unavailable:

- Contact with donor or emergency contact is made, but the donor is unavailable for a specified period of time. A donor is statused as temporarily unavailable (TU) when he/she satisfies one of the following conditions: deployed overseas or in the field or has a medical condition that temporarily defers him/her.
- Report the donor as TU via MCI CT_NMDP script.
- Make notation on front of donor's chart stating reason for TU status, and the donor's availability date.
- DSAA databases and files chart.

10. Unable to Contact Donor:

- The donor is removed from the system when all attempts at contacting the donor have failed.
- Access MCI and report donor as UC via CT_NMDP script.
- Make UC notation, and date made UC, on outside of donor's chart.
- Fax request to Medical Director's lab, Attn: DSA, to delete the donor's record from the system (be sure to give donor's initials, local id, national id, and SSN).
- Additionally, information must be recorded on the Lab Deletion List (located next to the fax machine).
- DSAA databases and files chart.

11. Federal Express:

- DSAA pulls charts of donors who have appointments that day and calls FedEx to arrange for third party pickups at each lab location.
- The operator will give DSC a confirmation number; this number is written in the donor's chart at the bottom of the CT Worksheet in the CT#1 column.
- Before the end of business, the DSAA accesses the FedEx Powership tracking system and checks to see if all pickups have been made (if samples are being drawn on the west coast, then the tracking is done the following morning).
- Note: It is the DSAA's responsibility to inform the appropriate DSC about any packages that have not been picked up so that there is follow through (i.e. if a sample was drawn, make sure FedEx is called or if the donor never showed, he/she will need to be rescheduled).
- The charts are placed in individual hanging files and returned to the cabinet drawer labeled Active Donors.

12. Infectious Disease Marker Test Results:

- IDM results are received from LabCorp via modem/printer.
- DSAA matches national id #s from lab results with donor charts and pulls appropriate files.
- DSAA completes Form 24 using information from LabCorp sheet and medical history form.
- Form 24 copies are sent to NMDP registry, SCU, TCC, and one copy is placed in donor's chart along with LabCorp report.
- Chart is returned to drawer.
- Note: All abnormal lab results must be reported to DSS for further review.

13. Donor Requested for WU:

- Search Coordinator (SC) faxes, MCI's, and/or calls DSC about new work-up request.
- Chart is pulled and given to DSS for assignment to one of the DSCs.
- Assigned DSC contacts donor and informs him/her of request for marrow, and proposed collection date is preliminarily discussed.
- If donor wishes to proceed, an information session is scheduled.
- DSS enters information in computer calendar, updating routinely, and gives to DSCs. DSS enters courier information in shared directory, when information is available.
- DSC sends MCI message to SC stating intended harvest date.
- DSS books OR date and time with GUMC Patient Coordinator.
- The DSC must calculate cell dose and fax marrow prescription verification form to CC Physician for verification.
- Once CC Physician signs and returns form, via fax, to DSC, the DSC must then fax sheet to SC for TC to sign off on (this form will indicate if autologous blood needs to be stored).
- The videotape, transplant articles, vitamins, and iron supplements are sent to donor.
- Assemble chart for donor which contains the following sections: 1) Workup information, 2) CT demographics, 3) Lab reports, 4) NMDP Forms, 5) Communication, 6) Billing, 7) Miscellaneous, 8) Follow Up.
- During information session, the pre-physical bloodwork is scheduled along with any other necessary samples (i.e. pre-collection samples, research samples, and repeat IDMs). Note: Throughout the information session the DSC must keep "progress notes," which are filed in communication section of chart.
- DSC faxes memo and DoD Directive to the donor's Commanding Officer.
- DSC calls NorthWest Business Travel to schedule PE flight (tickets are mailed directly to the donor). NOTE: The donor also receives expense report to submit for reimbursement of expenditures.
- Flight itinerary is faxed to DSC.
- DSC schedules hotel reservation at Georgetown University Leavey Center (confirmation number is documented).

14. Physical Exam at GUMC:

- The DSC must arrange several appointments for the day of the PE. They are as follows: third party PE, BMT consultation, anesthesia appointment, and auto unit (if needed, if urgent WU, or if donating within 42 days of collection).
- NOTE: Schedule appointments so they are conducive to GUMC Donor Services Specialist's (GUMC DSS) schedule. The DSC is responsible for going to GUMC and representing donor center if GUMC DSS is unavailable.
- Access MCI and enter all appointment dates in WU_NMDP script.
- All appointment dates must be filled in on WorkUp Checklist.
- Appointment itinerary and directions to Leavey Center are faxed to donor.
- DSC calls or faxes itinerary to GUMC DSS.
- DSC copies donor's file and sends to GUMC DC prior to PE appointment.
- GUMC DSS assures donor is entered into GU hospital information system (HIS).

15. 3rd Party Physical Exam:

- The GUMC DSS or donor center representative meets donor in lobby of Leavey Center fifteen minutes before first appointment.
- The third party PE is on 6th floor of Pasquillera Health Center (PHC) Building - Internal Medicine.
- Register donor at New Patient Registration.
- Sign donor in at Internal Medicine Desk.
- Give registration form to Internal Medicine staff person.
- Wait for donor's name to be called, then give PE requirements to physician, explaining required paperwork and tests.
- After exam is finished, bill is dropped off at Patient Registration desk (pink copy is retained and filed in billing section of donor's chart).

16. Chest X-Ray:

- Go to ground level next to lobby of PHC building.
- Sign donor in at desk, give X-Ray order to staff person; wait for donor's name to be called.
- X-Ray is taken, donor waits to make sure it turned out, total time approximately 10 minutes.

17. Anesthesia Consultation:

- GUMC DSS takes donor to AM Admissions unit on ground floor of CCC building.
- GUMC DSS signs donor in and writes "anesthesia only" next to name.
- Once name is called, donor goes into cubical and waits for anesthesiologist.
- Anesthesiologist or nurse practitioner takes brief health history and addresses any of donor's concerns/questions.
- File doctor's report in donor's folder.

18. BMT Consultation:

- GUMC DSS takes donor to BMT unit on 7 PHC.
- Donor reads and signs Georgetown Consent form - given to Associate Medical Director at time of consult.
- GUMC DSS makes a copy of the third party physical and EKG results, for Associate Medical Director's review.
- Collection Center physician reviews marrow collection procedure with donor and answers any questions the donor may have regarding the procedure and what to expect.

19. Autologous Unit:

IF DONATING AT GUMC:

- DSC calls ARC 1-800-764-4905 and arranges time/date for auto unit donation at GUMC.
- DSC faxes Autologous Donation Request Form to GUMC Blood Donor Services 202-784-3228 (this allows donor to be entered into GUMC system and assigned a medical record #).
- On day of appointment, donor goes to Blood Donor Services on first floor of Main Building.
- Donor fills out consent/health history forms.
- Donor donates unit.
- Blood Donor Services **must** provide Auto Unit Patient Record form which has auto unit #. GUMC DSS places form in donor's chart, to be pulled at time of harvest, for verification before re-infusion.
- DSC obtains auto unit # from GUMC DSS and faxes memo to GUMC BMT Patient Coordinator for Associate Medical Director's signature. The form is faxed back to DSC for donor's chart.
- Note: If there is no auto unit being stored it is the DSC's responsibility to fax auto unit memo to GUMC BMT Patient Coordinator stating "no unit stored." Memo must be returned, via fax, with Associate Medical Director's signature.

IF DONATING UNIT AT FACILITY OTHER THAN GUMC:

- DSC calls ARC/Special Collections or Base Hospital.
- DSC obtains Special Collection form from ARC or Base Hospital.
- DSC faxes form to Associate Medical Director for signature.
- Associate Medical Director faxes signed form to DSC.
- DSC faxes form to ARC.
- ARC contacts donor and makes appointment: DSC gets dates from ARC.
- DSC enters date into MCI Mail via WU_NMDP script.
- DSC fills in info on WU Checklist.
- DSC obtains shipment dates from ARC.

- Call donor to confirm unit was drawn.
- Call blood donor center to get shipment dates, arrival times, and unit numbers.
- Complete Auto Unit Memo and fax to GUMC BMT Patient Coordinator for Associate Medical Director's signature. Signed form will be faxed back to DSC for placement in donor's chart.
- DSC calls GUMC Blood Bank to confirm arrival of auto unit.

NOTE: It's important to track any units not drawn at GUMC to ensure they were properly drawn and shipped.

20. Paperwork:

- At some point during the day, the GUMC DC goes over paperwork which includes the following:
 - Intent to Donate form.
 - Insurance summary information.
 - Beneficiary designation card.
 - Reimbursement sheet (donor received with plane tickets).
 - Georgetown map.
 - Do's and Don'ts list.
- Note: GUMC DSS goes over all details of marrow donation (even though donor heard it in information session).

21. PT/PTT & Chest X-Rays:

- GUMC DSS receives chest X-Ray results within two days.
- GUMC BMT Patient Coordinator receives PT/PTT results and places in donor's chart.
- GUMC DSS delivers results to Associate Medical Director for donor clearance.
- If donor is not approved, Associate Medical Director will do one of the following:
 - order additional tests (approval pending results)
 - defer donor

22. Schedule Collection Date:

- DSS calls GUMC BMT Patient Coordinator to get OR time (date previously booked).
- DSC calls donor and informs him/her of clearance and re-confirms donation date/time.
- DSC lets SC know donor has signed intent to donate and has been cleared by medical director.
- SC lets TC know everything is a go for proposed date.
- DSC reports date via MCI WU_NMDP script.

23. Repeat Infectious Disease Markers:

- Note: If the WU is urgent, usually the Repeat IDMs are done at the time of the PE.
- Note: If WU is standard request, make sure the Repeat IDMs are performed within 30 days of harvest date.
- Schedule appointment with donor.
- Call POC at lab to schedule appointment.
- Write appointment date in FedEx book.
- On draw date, DSAA schedules FedEx pickup of the specimen.
- DSAA will verify pickup later that day or early the following morning.
- Note: DSAA must alert the coordinator responsible for WU if FedEx is not showing package as being picked up (sample may/may not have been drawn and coordinator must track status).
- LabCorp will send results via computer to donor center.
- DSAA retrieves results from printer and gives to appropriate DSC.
- DSC completes Form 50 and faxes a copy to SC.
- DSC takes yellow copy and delivers it to GUMC DSS (goes with marrow on day of harvest).
- DSC keeps gold copy in donor's chart.
- DSC mails pink copy to SCU and white copy to Registry.

24. Travel Arrangements for Donation:

- DSC calls NorthWest Business Travel and arranges for early afternoon arrival the day before harvest.
- NorthWest Business Travel faxes itinerary to DSC for donor's chart.
- NorthWest Business Travel mails donor his/her tickets.
- DSC books stay at Leavey Center and gets confirmation number (documents number on WU Checklist).

25. Marrow Courier Arrangements:

- DSS assigns courier from approved DoD Donor Center courier list.
- DSC calls courier and goes over instructions for marrow transport, and gets date/time courier wants to return. DSC also gets credit card information from courier (for hotel reservation).
- DSC calls Transplant Center for courier instructions (if not yet received). They will either fax or go over instructions on the phone. These instructions are then given to GUMC DC.
- DSC calls NorthWest Business Travel and makes flight and hotel arrangements for courier (primary flight and backup flight).
- Tickets are mailed directly to GUMC DSS to be given to the courier the day of the harvest.
- NorthWest Business Travel faxes itinerary to DSC.
- DSC faxes or E-mails TCC the flight itinerary.

26. Pre-Admission Appointment:

- Donor arrives at least one day before marrow harvest.
- The GUMC DSS accompanies donor (and companion) to the AM Admissions Unit on the Ground Floor in the CCC Building on the morning of the marrow donation.
- The GUMC DSS signs the donor in. Once called, the donor gets registered (GUMC DC accompanies donor to ensure proper registration and correct information.)
- GUMC DSS takes donor to Nurses Station to be directed to a "cubical"
- The nurse will likely draw 1-2 tubes of blood. This is a good time to get any peripheral blood samples the TC needs to accompany the marrow. Note: If the samples are going overseas, draw peripheral blood the morning of the harvest.
- The GUMC DSS will give the nurse the auto unit #, if applicable.
- The donor will be given several consent forms to sign. One of these forms is to receive blood products. The GUMC DSS makes sure the donor is given the refusal to receive blood products form as well. The GUMC DSS informs donor that our Medical Director and Associate Medical Director prefer that he/she signs refusal form.

27. Marrow Harvest:

- About 1/2 hour before scheduled OR time, the donor will be escorted down to the holding area. This is when the donor's companion is asked to leave and wait either in hotel room or hospital waiting area. The GUMC DSS will either call companion or find companion once procedure is completed.

28. Pre-OR:

- The donor will be placed on a gurney in pre-surgery holding area. At this time the GUMC DSS goes into locker room and changes into hospital scrubs.
- While in the holding area, the donor will speak with the anesthesiologist, and doctor who will be performing procedure.
- The donor will also have his/her IV started and/or epidural (if anesthesia of choice).

29. O.R.

- The GUMC DSS accompanies the donor into the OR suite.
- The anesthesia is administered, general or epidural (may have been started in holding area).
- THE GUMC DSS begins to fill in Form 60 - Donor Hospitalization Record.
- Procedure is started, lasts anywhere from 20 - 90 minutes.
- GUMC DSS confirms auto unit #, if any stored, prior to re-infusion. NO homologous blood is to be transfused, unless life/death situation.
- Once harvest is completed, the GUMC DSS must get volume of heparin, ACD-A, and RPMI in bag.
- Donor is brought to recovery.
- GUMC DSS visits with donor briefly in recovery and tells donor that he/she will be taking marrow to processing lab to get it ready for transport. GUMC DSS will meet donor once he/she has been assigned to a room.
- GUMC DSS takes all marrow bags, places in cooler, and goes to locker room to change clothes.
- GUMC DSS goes to Cellular Engineering Lab on first floor of Main Building.

30. Cellular Engineering Lab:

- GUMC DSS gives Lab Tech marrow.
- GUMC DSS contacts donor's companion and lets him/her know procedure is over (once a room is assigned the GUMC DSS will also give companion that information).
- GUMC DSS makes sure Form 60 is completed as is applicable.
- The lab tech will give GUMC DSS cell counts.
- GUMC DSS makes sure white labels and yellow tags are completed.
- GUMC DSS must put volume of heparin, ACD-A, and RPMI on the white labels.
- The marrow must be separated into at least two bags. Each bag must have a white label (with volume on bottom of label) and a yellow tag.
- Each bag is placed into individual zip lock bags.
- The marrow cooler is lined with a blue chux.
- The marrow and any tubes (peripheral blood and/or marrow) are placed in the cooler.
- The cooler must also contain the following:
 - Yellow copy of Form 50
 - Pink copy of Form 60.
 - Marrow lab sheet from GUMC (other copy is kept in donor's chart).
 - Latex gloves.
 - Two courier letters.
- GUMC DSS makes sure everything is in cooler.
- GUMC DSS signs Marrow Out book.
- GUMC DSS brings cooler to courier at pre-arranged location.

31. Courier:

- GUMC DSS meets courier and goes over instructions.
- GUMC DSS gives courier tickets.
- GUMC DSS escorts courier to a cab and informs cab driver of which airport to go.

32. Room Assignment:

- GUMC DSS calls GUMC BMT Patient Coordinator and obtains room assignment.
- GUMC DSS calls donor's companion and lets him/her know where donor will be, and arranges a time to meet companion to bring him/her to visit donor.
- Donor is brought to room.
- GUMC DSS goes to Cashier and orders donor's gourmet dinner.
- GUMC DSS calls DSC and informs him/her that procedure is completed and gives DSC donor's room number and telephone number.
- GUMC DSS visits donor in room to make sure he/she is comfortable. GUMC DSS gives donor pager number and phone number to call if there is a problem.
- GUMC DSS obtains donor's HCT from nurse and writes in chart.
- DSC calls or MCI's SC and lets him/he know procedure is completed and donor is doing well.

33. The Day After:

- The GUMC DSS calls donor to see how he/she is feeling.
- The DSC also calls donor and/or visits donor.
- GUMC DSS visits donor and makes sure hospital discharge goes smoothly.
- Donor goes back to hotel.
- GUMC DSS obtains HCT upon discharge and writes in donor's chart.

34. Two Days Post-Donation:

- Donor checks out of hotel.
- GUMC DSS contacts donor to assure that everything is going as expected.
- Donor takes cab to airport for flight home.

35. Donor Follow-Up Post-Donation:

- DSC completes Form 70 within 72 hours of harvest and mails copy of form to TC, SCU, and Registry.
- DSC completes Form 76 weekly until donor is asymptomatic, this form is transmitted via MCI script Form76_NMDP.
- DSC calls donor daily for 1 week, weekly for 2 weeks, and monthly for 5 months.
- DSC informs donor of patient updates as available.

36. Hematocrit:

- DSC arranges for donor to have his/her HCT checked 2 weeks and 6 weeks post-donation.
- DSC sends HCT request form to donor.
- Donor has sample drawn at base lab.
- Lab sends HCT results via fax or mail to DC.
- DSC reviews test results and files form in donor's chart. Note: Donor stays on iron replacement until HCT is within normal limits. DSC may need to consult with GUMC Associate Medical Director if Hct is not returning to normal.

37. Six Months Post-Donation:

- If donor is not being followed for any complications, DSC disassembles chart and files, by date, in cabinet.