



**Asians for  
Miracle Marrow  
Matches  
(A3M)**

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(236-4673)  
Web: www.AsianMarrow.org  
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**FOCUS PATIENT CONSENT FORM**

I, the undersigned, give the permission to Asians for Miracle Marrow Matches (A3M) and the National Marrow Donor Program (NMDP) to use a photo or likeness of, and the biographical information about

\_\_\_\_\_ as a focus person  
to assist in marrow donor recruitment and public education. A3M and/or NMDP shall contact me about using the photograph or likeness in subsequent projects. Any information provided shall be released to the public only with my knowledge and consent. A3M and NMDP shall use their best judgment to protect the patient's and/or my privacy under all circumstances.

\_\_\_\_\_  
Consenting Signature

\_\_\_\_\_  
Date

Please print contact information about consenting signature:

Relationship to focus person:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_ self

\_\_\_\_ parent

\_\_\_\_ relative

\_\_\_\_ other

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
(specify)

(\_\_\_\_) \_\_\_\_\_  
Phone (Work/Day)

(\_\_\_\_) \_\_\_\_\_  
Phone (Home/Night)

\_\_\_\_\_  
Email address

Please print biographical information about the Focus Person:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date Of Birth

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Year in School

\_\_\_\_\_  
Ethnicity

\_\_\_\_\_  
Diagnosis

\_\_\_\_\_  
Date of diagnosis (month/year)

\_\_\_\_\_  
NMDP Transplant Center (where patient is being treated)

\_\_\_\_\_  
Transplant/Search Coordinator

Other Information, statement, updates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return with photo(s) TO A#M

FOCUS PATIENT CONSENT FORM 11/03



A3M is an affiliate  
recruitment organization  
of the National Marrow  
Donor Program.