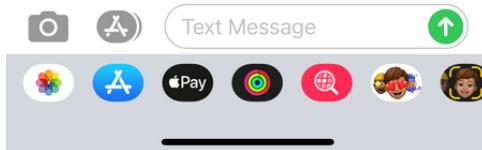
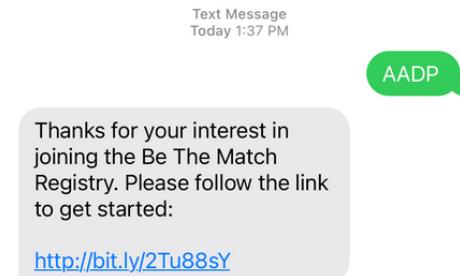
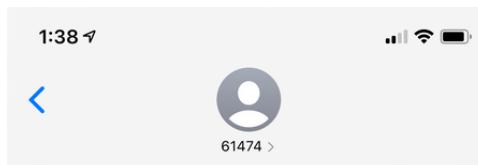


Be the Match 注册步骤

1. 写 AADP. 发送短信号码 61474. 进入 Be the Match 网站



请输入您的活动代码



2. 到达 Be the Match. 请参考以下图片关于网络注册步骤

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my.bethematch.org

who are willing to help save a life.

However, certain requirements need to be met to make sure you're eligible. Our guidelines for donation help ensure that you're the right match.

Let's determine if you're eligible to join the registry.

Which describes you?*

BETWEEN 18 AND 44

年紀
18-44岁

45 OR OLDER

Height*

高度

Weight*

体重

NEXT

ft in

lbs

Page 2/第2页

JOIN THE REGISTRY

Please list any medical conditions you've had or currently have. Some health issues could restrict your eligibility.

健康检查
问题

- Autoimmune illness
自身免疫病
- Blood cancer or disorder
血液癌病
- Brain, injury, concussion or surgery
脑损伤
- Cancer
癌病
- Chronic neck, back, hip or spine pain
慢性颈, 背, 臀部, 脊柱痛
- Currently taking prescribed medications for pain, heart issues, cancer, or other serious diseases
目前正在服药: 疼痛, 心脏病, 癌症
- Diabetes
糖尿病
- Diagnosis of hepatitis B or C
肝炎B/C
- Diagnosis of HIV
艾滋病
- Heart diseases, heart attack or other heart-related issues
心脏病
- Organ, marrow or stem cell transplant recipient
器官或骨髓转移
- Stroke or TIA (transient ischemic attack)
中风
- None of the above
所有没有

NEXT

PREVIOUS



Now, let's get you set up. If you're a potential match, we may need to reach you quickly.

First name* 名字

Last name* 姓

*Sex identified at birth 性別

Male
 Female

M男/F女

Date of birth* 生日日期

Mobile phone* 电话号码

By providing your number, you are agreeing to receive text messages about your registration. You can opt out at any time.

Email* 电子邮件

Address* 地址

City*

State*

ZIP code*

By continuing, you are agreeing to our [Terms of Use](#).

You may receive up to 5 messages per month. Message and data rates apply. Text STOP to cancel at anytime or HELP for assistance. See our [Terms & Conditions](#) for more details.

[NEXT](#)

RACE, ETHNICITY & GEOGRAPHICAL ANCESTRY



种族背景

Your ancestry is an important factor when matching you with the right patient. So, please be as specific as possible by selecting all that may apply.

> Asian



亚洲人

> Black or African

> Hispanic or Latino

> Jewish

> Middle Eastern

> Native American

> Pacific Islander

> White

[NEXT](#)

[PREVIOUS](#)

DONOR CONSENT

Please review the following before submitting:

阅读同意书

- I agree to [Consent for Testing \(PDF\)](#), which allows Be The Match to collect a cell sample from my cheek swab and test it.
- I understand I can ask questions about this application at any time and have resources available to me if needed.
- I have truthfully answered all of the questions on this form.
- I understand that completion of this information is voluntary and that I can refuse to sign this document.

Electronic signature*

I have read and understand the information and agree to the terms.

我阅读并同意

AND FINALLY, YOUR SWAB KIT

准备取样

Let us know whether you've already got a swab kit or need one shipped to you. Once we've received your kit, our lab will test your HLA type. Then we'll enter you onto the Registry.

*Please select one and follow the instructions:

- I need a swab kit shipped to me
 I'll be swabbing with a kit today

Enter swab kit number or [scan QR code](#)

输入拭子9位数字

3396-0384-7

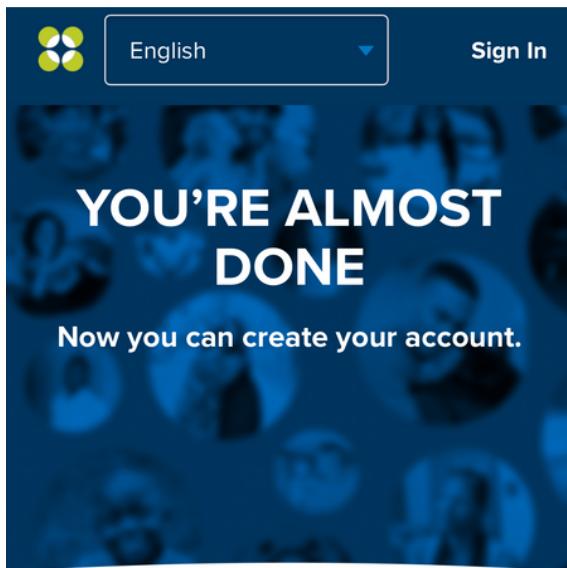
Are you registering at the **AADP General Code** event?*

- Yes
 No

选择Yes

NEXT





Manage Your Membership

MY BE  THE MATCH®

CREATE ACCOUNT

非常重要

24小时内检查您的电子邮件

点击 "Yes I am ready"

您完成注册

最后您可以加入**BetheMatch**网络社区