

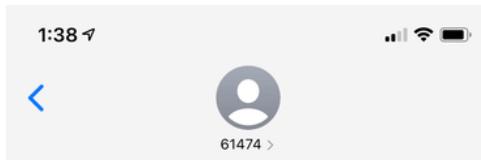
# Be the Match 등록절차

1.

전화번호 61474로

AADP 또는 참여하고 계신 이벤트의 코드 를 입력하시고  
문자메세지를 보내주세요.

전달 받으신 링크를 클릭하시고  
Be the Match 사이트에 접속합니다.



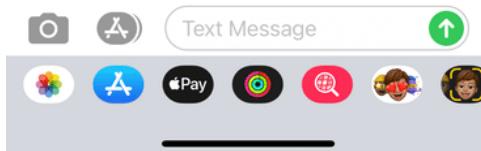
Text Message  
Today 1:37 PM

AADP



Thanks for your interest in  
joining the Be The Match  
Registry. Please follow the link  
to get started:

<http://bit.ly/2Tu88sY>



## 2. Be the Match 사이트에 접속 아래의 절차를 확인하세요.

페이지 1

페이지 2

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?\*

만 18세부터  
44세 까지

BETWEEN 18 AND 44

45 OR OLDER

신장 / 키

Height\*

몸무게

Weight\*

lbs

NEXT

## JOIN THE REGISTRY

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

본인과 관련있는 질병과 건강상태에 대해 체크해주십시오.

- Autoimmune illness 자가 면역 질환
- Blood cancer or disorder 혈액암 또는 혈액질환
- Brain, injury, concussion or surgery 뇌 손상, 뇌진탕 또는 뇌 수술 경험
- Cancer 암
- Chronic neck, back, hip or spine pain 목, 허리, 골반 또는 척추 부위의 통증
- Currently taking prescribed medications for pain, heart issues, cancer, or other serious diseases 통증, 심장질환, 암, 또는 중병으로 인해 처방된 약을 복용 중
- Diabetes 당뇨
- Diagnosis of hepatitis B or C B형 또는 C형 간염 진단
- Diagnosis of HIV 에이즈 진단
- Heart diseases, heart attack or other heart-related issues 심장 질환, 심장마비 또는 심장관련 질환
- Organ, marrow or stem cell transplant recipient 장기, 뼈髓 또는 조혈모세포 이식 수혜자
- Stroke or TIA (transient ischemic attack) 중풍, 뇌졸중 또는 TIA(일과성 뇌허혈 발작)
- None of the above 위의 질병들에 해당 사항 없음

NEXT

PREVIOUS

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

First name\* 이름 (예: 길동)

Last name\* 성 (예: 흥)

\*Sex identified at birth 출생 당시 성별

Male 남성

Female 여성

Date of birth\* 생년월일

Mobile phone\* 핸드폰 번호

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

Email\* 이메일 주소

Address\* 주소

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

인종과 민족성

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 ← 아시아 선택

> Black or African

> Hispanic or Latino

Jewish

> Middle Eastern

> Native American

> Pacific Islander

> White

**NEXT**

**PREVIOUS**

## DONOR CONSENT

Please review the following before submitting:

"검사를 위해  
나의 구강세포를  
채취하는 것에  
동의합니다."

- I agree to [Consent for Testing \(PDF\)](#) 채취하는 것에 동의합니다.
- 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.

이 곳을 클릭하시고 약관에 동의해주세요.

## AND FINALLY, YOUR SWAB KIT

드디어  
구강세포  
샘플 채취!

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](#)

샘플 채취 키트에

아홉자리 일련번호 입력 또는 QR코드 스캔

3396-0384-7

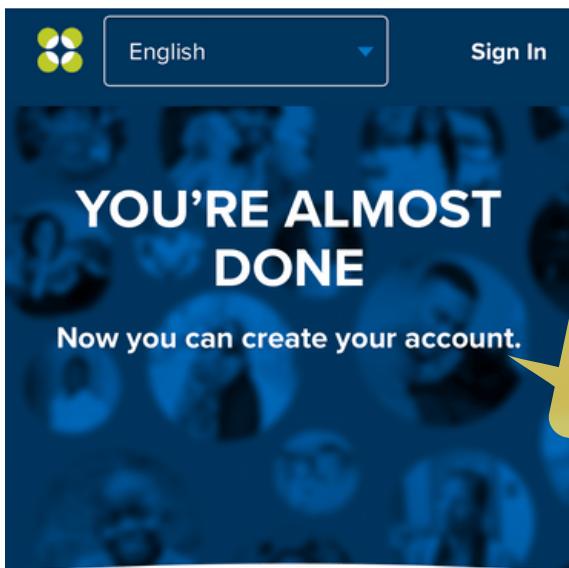
Are you registering at the [AADP General Code event](#)?

- Yes
- No

Yes를 선택!

NEXT





## Manage Your Membership



등록절차가 끝났습니다!  
반드시 최종 서명에 동의하시고  
**BetheMatch** 등록을 완료해주세요.