



APLASTIC ANEMIA & MDS INTERNATIONAL FOUNDATION, INC.

P.O. BOX 310 CHURCHTON, MARYLAND 20733 U.S.A.

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Fighting Bone Marrow Diseases through Patient Support & Research Since 1983

IRON OVERLOAD SUPPORT NETWORK

The AA&MDSIF Iron Overload Support Network is a community of patients with bone marrow disease affected by iron overload. Through this network patients connect with others, ask questions, share treatment experiences, discuss emotional aspects, side effects, insurance and financial issues, special topics related to iron overload, and new research. The Iron Overload Support Network communicates through an Internet forum and by telephone and email. AA&MDSIF supports group members by offering information on iron overload, current treatments, and new treatments being studied. After registering you will receive a packet of information on iron overload and access to the online discussion forum. Contact Beth Bradley, Support Network Coordinator, with questions at (800) 747-2820 or bradley@aamds.org.

DATE: _____

CURRENT AGE: _____

DIAGNOSIS:

(check all that apply)

Aplastic Anemia

Paroxysmal Nocturnal Hemoglobinuria

Myelodysplastic Syndrome

Pure Red Cell Aplasia

(MDS Subtype): _____

Other: _____

PATIENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALT. PHONE: _____

EMAIL: _____

BEST TIME TO CALL *(please circle)*: anytime morning afternoon evening

AGE AT DIAGNOSIS: _____ YEAR DIAGNOSED: _____

CURRENT HEALTH STATUS: _____

TREATMENT(S) FOR IRON OVERLOAD: _____

OTHER TREATMENT(S): _____

YEAR, HOSPITAL & CITY/STATE OF TREATMENT: _____

PERSONAL EXPERIENCES THAT MAY BE HELPFUL TO SHARE WITH OTHER PATIENTS AND FAMILIES:

FOREIGN LANGUAGE SKILLS: _____

I HEREBY GIVE permission to the Aplastic Anemia & MDS International Foundation, Inc., (AA&MDSIF) to distribute any of the information that I have provided on this questionnaire to any individual or organization wanting to contact me regarding my treatment experiences. I understand that the information is not confidential and AA&MDSIF is not responsible for any of the interactions I may have with individuals or organizations that have used the information to contact me. I also acknowledge that the AA&MDSIF is not responsible for anything that such an individual or organization may subsequently do with the information provided. I HEREBY RELEASE the AA&MDSIF from any liability associated with the use and distribution of such information. By signing this form I consent to this disclaimer.

SIGNATURE: _____ DATE: _____

SUBMIT FORM BY

Mail: AA&MDSIF, PO Box 310, Churchton, MD 20733 or Fax: (410) 867-0240 or Online: www.aamds.org