VÍDEŇSKÁ 1958 / 9
140 21 PRAHA 4 – KRČ
CZECH REPUBLIC

IKEM

INSTITUTE FOR CLINICAL AND EXPERIMENTAL MEDICINE
CZECH STEM CELLS REGISTRY

PRELIMINARY SEARCH REQUEST

Patient last name			ID	CMV status ☐ *pos.* ☐ *neg.* ☐ *un.*
First name			Date of birth dd/mm/yyyy	
Diagnosis			Date of diagnosis	Sex ☐ *F* ☐ *M*
Class-I	A*	B*	Cw*	
DNA typing				
Class-II	DRB1*	DRB3*	DRB4*	DRB5*
DNA typing				
	DQA1*	DQB1*	DPA1*	DPB1*

Referring physician	Person completing form
Transplant center	Signature

Result to be sent to	
Address	
Contact person	E-mail
Tel./Fax	Date of request

Address:
Institute for Clinical and Experimental Medicine
Czech Stem Cells Registry – Bldg. Z4
Vídeňská 1958/9
140 21 Prague 4
Czech Republic

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