

CORD BLOOD UNIT REQUEST

Patient data

Last name:		First name:		Sex:	ABO/Rh:
ID:		Date of birth:		Weight:	
Diagnosis and current status:				CMV:	
HLA	A*	B*	Cw*	DRB1*	DQB1*
	A*	B*	Cw*	DRB1*	DQB1*

Comments:

CORD BLOOD UNIT ID:

<input type="checkbox"/> Complementary information request	
<input type="checkbox"/> HLA typing request	High resolution <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
	High resolution <input type="checkbox"/> DRB1 <input type="checkbox"/> DQB1
<input type="checkbox"/> DNA specimen shipment request	Date for shipment:
The volume of DNA:	The concentration of DNA:
<input type="checkbox"/> Reservation (for 2 months)	
<input type="checkbox"/> UNIT SHIPMENT REQUEST	Proposed dates for shipment:
	Transplant date: <input type="checkbox"/> single <input type="checkbox"/> multi
<input type="checkbox"/> Release of unit	Reason:
<input type="checkbox"/> Cancellation of search	Reason:
Comment:	

Shipping address

Name:	
Address:	
Tel./Fax:	E-mail:
Referring physician:	Transplant Centre:
Person completing form:	Date of request: