

CB30

CORD BLOOD UNIT SHIPMENT REQUEST

Page 1 of 1

PATIENT DATA			
Patient name:		Patient ID: <small>(assigned by patient registry)</small>	
Patient registry:		Patient ID: <small>(assigned by donor registry)</small>	
Transplant center:		Weight in kg: Blood group/RhD:	
Date of Birth (YYYY-MM-DD):	Gender:	Estimated transplant date (YYYY-MM-DD):	
Diagnosis:			

PATIENT HLA					
Locus:	A	B	C	DRB1	DQB1
First antigen:					
Second antigen:					
<input type="checkbox"/> Initial typing		<input type="checkbox"/> Verification typing		Typing date (YYYY-MM-DD):	
Cord Blood Unit ID:					

ADDITIONAL PRE-RELEASE CHECKS	
The transplant center requests the following tests to be done on CBU at time of release and/or additional information: Please test the following on post-cryopreservation attached segment of CBU at time of release:	
<input type="checkbox"/> Viability test	<input type="checkbox"/> Colony testing (e.g. CFU-GM)
<input type="checkbox"/> CD34 pos test	<input type="checkbox"/> HLA verification test
<input type="checkbox"/> Additional IDM tests, please specify:	
<input type="checkbox"/> Blood or other sample shipment, please specify:	
<input type="checkbox"/> Maternal health questionnaire or summary statement	
<input type="checkbox"/> Other tests:	

PROPOSED TIME FRAME FOR CORD BLOOD UNIT SHIPMENT	
Preferred date: <small>(YYYY-MM-DD)</small>	Preferred delivery time: <small>(HH:MM + local time zone)</small>
Start of conditioning: <small>(YYYY-MM-DD)</small>	Conditioning regimen: <input type="checkbox"/> Myeloablative <input type="checkbox"/> Non-myeloablative
Transplant type: <input type="checkbox"/> Single cord <input type="checkbox"/> Double cord <input type="checkbox"/> Multiple cord <input type="checkbox"/> Single cord in combination with haplo-donor	
<input type="checkbox"/> Ex-vivo expansion transplant <input type="checkbox"/> Other:	
Transplant date: <small>(YYYY-MM-DD)</small>	Comments:
Transport to be organised by:	Preferred courier:
Dry shipper to be provided by:	

Cord blood unit to be shipped to:	Invoice(s) to be sent to:
Institution:	Institution:
Address:	Address:
Attention:	Attention:
Phone:	Phone:
Fax:	Fax:
E-mail:	E-mail:

Person completing form:	Date (YYYY-MM-DD):	Signature:
-------------------------	--------------------	------------