

CB10 CORD BLOOD UNIT - INFORMATION AND TYPING REQUEST

Urgent request

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

PATIENT HLA					
Locus:	A	B	C	DRB1	DQB1
First antigen:					
Second antigen:					

CORD BLOOD UNIT EXTENDED HLA TYPING REQUEST						
A	B	C	DRB1	DQB1	Other:	Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CBU ID: _____

ADDITIONAL CORD BLOOD UNIT DATA	
The requesting institution requests the following details:	Cord Blood Bank representative answers:
<input type="checkbox"/> Was red cell reduction performed prior to cryopreservation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Please give the total erythrocytes of the unit:	_____ x 10 ⁹
<input type="checkbox"/> Was viability testing performed on post -cryopreserved material?	<input type="checkbox"/> Yes <input type="checkbox"/> No Testing results: _____ % viable
<input type="checkbox"/> Was colony testing (e.g. CFU-GM) performed on post -cryopreserved material?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was HLA verified on segment of the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, test date: (YYYY-MM-DD)
<input type="checkbox"/> Is maternal HLA typing available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> What type of bag is used?	
<input type="checkbox"/> Please provide a detailed unit report.	
<input type="checkbox"/> Additional questions:	

Requesting institution:	Invoice address:
Institution:	Institution:
Address:	Address:
ZIP code:	ZIP code:
City:	City:
Country:	Country:
Attention:	Attention:
Phone:	Phone:
Fax:	Fax:
E-mail:	E-mail:

Cord Blood Bank representative:	Date (YYYY-MM-DD):	Signature:
---------------------------------	--------------------	------------