S50 NOTIFICATION OF VERIFICATION TYPING SAMPLE SHIPMENT

PLEASE CONFIRM RECEIPT OF THIS SHIPMENT BY COMPLETING THIS FORM AND RETURNING IT TO THE DONOR REGISTRY.

PATIENT DATA	
Patient name:	
Patient registry:	
Transplant center:	
Patient ID: (assigned by donor registry)	Patient ID: (assigned by patient registry)
Date of birth: (YYYY-MM-DD)	
Contact person:	
Phone:	
Fax:	

DONOR DATA		
Donor ID:		
GRID number:		
Donor registry:		
Date of birth: (YYYY-MM-DD)	CMV:	CMV test date: (YYYY-MM-DD)
Gender:	Weight: (kg)	Blood group/RhD:
Donor parity: Number of pregnancies: ☐ Not applicable		**Transfusion history:** Number of transfusions: ☐ Not applicable

SHIPMENT DATA		
Scheduled collection date: (YYYY-MM-DD)	Scheduled delivery date: (YYYY-MM-DD)	
Courier service:		
Airway bill no./tracking no.:		
ID on the donor sample label:		
DISCLAIMER: The cell products collected from this donor are intended solely for the purpose of diagnostic testing on behalf of the above mentioned patient. No other use is permissible. Excess blood volume is allowed for quality control testing only but not for research purposes. Any portion of the cells not used for the intended testing must be disposed of properly. By accepting these cells, the transplant physician also accepts these terms and conditions. Requests for deviations from these terms must be submitted in writing to the donor center for approval.		
Person completing section(s) above:	Date: (YYYY-MM-DD)	Signature:

CONFIRMATION OF RECEIPT (To be completed by the transplant center and returned to the donor center)		
☐ A usable sample has arrived ☐ A non-usable sample has arrived ☐ No sample has arrived		
Comments:		
Person completing form:	Date: (YYYY-MM-DD)	Signature:

WMDA

Reset Form