



Marrow Donor Program Belgium - Registry  
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## PRELIMINARY SEARCH REQUEST BELGIAN PATIENT

<b>Date of Request:</b> <small>(Day/Month/Year)</small>	<b>Type of Search to be performed:</b> <input type="checkbox"/> Stem Cell Donors Only <input type="checkbox"/> Cord Blood Units Only <input type="checkbox"/> Stem Cell Donors & Cord Units	<b>Is this search urgent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Are mismatches accepted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Registries to search:</b> <input type="checkbox"/> Emdis countries <input type="checkbox"/> Other countries <input type="checkbox"/> Other cord blood banks	<b>Patient ID :</b>	<b>Last Name:</b>
<b>Date of Birth:</b> <small>If patient is older than 65, please provide IRB approved protocol and Karnofsky rating:</small>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Weight:</b> kg	<b>CMV Status:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown
<b>Diagnosis:</b> <b>(please complete disease list in attachment)</b>	<b>Date of Diagnosis:</b>	
<b>Blood group:</b>	<b>Diagnostic comment:</b>	

### Patient Class I typing results:

	A	B	C	HLA typing Labo:
<b>First antigen:</b>				
<b>Second antigen:</b>				
<b>Testing method:</b>	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA	<b>Date of typing:</b>

### Patient Class II typing results:

	DRB1	DRB3/4/5	DQB1	DPB1
<b>First antigen:</b>				
<b>Second antigen:</b>				
<b>Testing method:</b>	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input type="checkbox"/> DNA

**ARE HAPLOTYPES IDENTIFIED:**  YES  NO

<b>TRANSPLANT CENTER:</b>	<b>TRANSPLANT COORDINATOR:</b>		
<b>Telephone:</b>	<b>Fax:</b>	<b>Email:</b>	



## PRELIMINARY SEARCH REQUEST BELGIAN PATIENT

### DISEASE CATEGORIE

PATIENT ID:

NAME OF PATIENT:

Acronym	Disease category	Check	Disease/stage	Status	Registered protocol?	MAC?
SAA	Severe Aplastic Anemia	<input type="checkbox"/>	Idiopathic aplasia	Routine		
		<input type="checkbox"/>	Secondary post hepatic medullary aplasia	Routine		
		<input type="checkbox"/>	Secondary idiopathic medullary aplasia	Routine		
		<input type="checkbox"/>	Secondary toxic medullary aplasia	Routine		
		<input type="checkbox"/>	Other secondary medullary aplasia	Develop mental	<input type="checkbox"/> Yes <input type="checkbox"/> No	NO MAC approval MAC approval mandatory
		<input type="checkbox"/>	Paroxysmal nocturnal hemoglobinuria	Routine		
		<input type="checkbox"/>	Fanconi anemia	Routine		
		<input type="checkbox"/>	Other constitutional aplasia	Develop mental	<input type="checkbox"/> Yes <input type="checkbox"/> No	NO MAC approval MAC approval mandatory
		<input type="checkbox"/>	Other non constitutional aplasia	Develop mental	<input type="checkbox"/> Yes <input type="checkbox"/> No	NO MAC approval MAC approval mandatory
IEA	Inherited Erythrocyte Abnormality	<input type="checkbox"/>	Sickle cell anemia	Routine		
		<input type="checkbox"/>	Thalassemia	Routine		
		<input type="checkbox"/>	Other: <b>PLEASE SPECIFY:</b>	Develop mental		MAC APPROVAL MANDATORY
ALL	Acute Lymphoblastic Leukaemia	<input type="checkbox"/>	1 <sup>st</sup> or 2 <sup>nd</sup> complete remission (CR)	Routine		
		<input type="checkbox"/>	3 <sup>rd</sup> + CR	Develop mental	<input type="checkbox"/> Yes <input type="checkbox"/> No	NO MAC approval MAC APPROVAL MANDATORY
		<input type="checkbox"/>	1 <sup>st</sup> or 2 <sup>nd</sup> relapse	Routine		
		<input type="checkbox"/>	3 <sup>rd</sup> + relapse	Develop mental	<input type="checkbox"/> Yes <input type="checkbox"/> No	NO MAC approval MAC APPROVAL MANDATORY
AML	Acute Myelogenous Leukaemia	<input type="checkbox"/>	CR	Routine		
		<input type="checkbox"/>	1 <sup>st</sup> and 2 <sup>nd</sup> relapse	Routine		
		<input type="checkbox"/>	3 <sup>rd</sup> + relapse	Develop mental	<input type="checkbox"/> Yes <input type="checkbox"/> No	NO MAC approval MAC APPROVAL MANDATORY
CML	Chronic Myelogenous Leukaemia	<input type="checkbox"/>	Chronic phase (CP) 1	NR		MAC APPROVAL MANDATORY
		<input type="checkbox"/>	CP 2+	Routine		
		<input type="checkbox"/>	Accelerated phase	Routine		
		<input type="checkbox"/>	Blast phase	Routine		
MDS	Myelodysplastic disorders	<input type="checkbox"/>	Highest IPSS<1.5	NR		MAC APPROVAL MANDATORY
		<input type="checkbox"/>	Highest IPSS>1.5	Routine		
PCD	Plasma Cell disorders	<input type="checkbox"/>	Multiple myeloma	Develop mental	<input type="checkbox"/> Yes <input type="checkbox"/> No	NO MAC approval MAC APPROVAL MANDATORY
		<input type="checkbox"/>	Leukemia with plasmocytes	Routine		



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PATIENT ID:

NAME OF PATIENT:

Acronym	Disease category	Check	Disease/stage	Status	Registered protocol?	MAC?	
CLL	Chronic Lymphocytic Leukemia	<input type="checkbox"/>	Refractory to Fludarabine	Routine			
		<input type="checkbox"/>	With Del p53 (17p-)	Routine			
		<input type="checkbox"/>	None of the above	NR		MAC APPROVAL MANDATORY	
IIS	Inherited Immune System Disorder	<input type="checkbox"/>	Severe combined immunodeficiency	Routine			
		<input type="checkbox"/>	Combined immunodeficiency	Routine			
		<input type="checkbox"/>	Ommen syndrome	Routine			
		<input type="checkbox"/>	Wiskott Aldrich syndrome	Routine			
		<input type="checkbox"/>	Ataxia Telangiectasia	Routine			
		<input type="checkbox"/>	Other: <b>PLEASE SPECIFY:</b>			MAC APPROVAL MANDATORY	
HL	Hodgkin's Lymphoma	<input type="checkbox"/>	CR1	NR		MAC APPROVAL MANDATORY	
		<input type="checkbox"/>	Other	Develop mental	<input type="checkbox"/> Yes <input type="checkbox"/> No	NO MAC approval MAC APPROVAL MANDATORY	
NHL	Non-Hodgkin's Lymphoma	<input type="checkbox"/>	CR1			MAC APPROVAL MANDATORY	
		<input type="checkbox"/>	Other: <b>PLEASE SPECIFY:</b>	Develop mental	<input type="checkbox"/> Yes <input type="checkbox"/> No	NO MAC approval MAC APPROVAL MANDATORY	
		Histology:					
		Grade:					
IPA	Inherited Platelet Abnormality	<input type="checkbox"/>	Amegacaryocytosis			MAC APPROVAL MANDATORY	
		<input type="checkbox"/>	Glanzmann Thrombastenia			MAC APPROVAL MANDATORY	
		<input type="checkbox"/>	Other : <b>PLEASE SPECIFY:</b>			MAC APPROVAL MANDATORY	
IMD	Inherited Metabolic Disorder	<input type="checkbox"/>	Hurler Syndrom			MAC APPROVAL MANDATORY	
		<input type="checkbox"/>	Adrenoleucodystrophia			MAC APPROVAL MANDATORY	
		<input type="checkbox"/>	Other: <b>PLEASE SPECIFY:</b>			MAC APPROVAL MANDATORY	
HIS	Histiocytic Disorders	<input type="checkbox"/>	Histiocytosis			MAC APPROVAL MANDATORY	
		<input type="checkbox"/>	Familial lymphohistiocytosis			MAC APPROVAL MANDATORY	
		<input type="checkbox"/>	Other: <b>PLEASE SPECIFY:</b>			MAC APPROVAL MANDATORY	
OM	Other Malignancy	<input type="checkbox"/>	Myelofibrosis	Routine			
		<input type="checkbox"/>	Polycythemia vera (Vaquez)			MAC APPROVAL MANDATORY	
		<input type="checkbox"/>	Essential trombocytomia			MAC APPROVAL MANDATORY	
		<input type="checkbox"/>	Other: <b>PLEASE SPECIFY:</b>			MAC APPROVAL MANDATORY	
OND	Other Non-Malignant Disease	<input type="checkbox"/>	<b>PLEASE SPECIFY:</b>			MAC APPROVAL MANDATORY	