



CORD BLOOD UNIT REQUEST FOR TRANSPLANTATION (HPC, CB)

CORD BLOOD IDENTIFICATION:

Cord ID:	A	B	C	DRB1	DQB1
First antigen/allele:					
Second antigen/allele:					

PATIENT DATA:

Patient name:	Patient ID number: (assigned by patient's registry)
Patient registry/Transplant center:	Patient ID number: (assigned by donor's registry)
Diagnosis/disease status:	Date of birth: (Day/Month/Year)
Weight:	Estimated transplant date:

PATIENT HLA TYPING:

	A	B	C	DRB1	DQB1
First antigen/allele:					
Second antigen/allele:					

PRE-RELEASE CHECKS:

The transplant center requests the following tests to be done on CBU on time of release:	<input type="checkbox"/> No additional test	<input type="checkbox"/> Yes
Tests	Reference samples	Contiguous segment
		<input type="checkbox"/> Available <input type="checkbox"/> Not available
Viability	<input type="checkbox"/> *	<input type="checkbox"/>
CFU	<input type="checkbox"/>	
Verification typing	<input type="checkbox"/> *	<input type="checkbox"/>
Maternal haplotype	<input type="checkbox"/>	
Other tests (please detail)		

* If contiguous segment is not available

SHIPPING:

<input type="checkbox"/> The Cord Blood Bank will ship the unit in a dry shipper. We shall return the dry shipper within 48 hours.			
<input type="checkbox"/> A courier from the Transplant Center will pick up the unit. The Cord Blood Bank doesn't need to make other arrangements. Use of dry shipper from the Cord Blood Bank <input type="checkbox"/> Yes <input type="checkbox"/> No			
Proposed shipping dates:			
Date 1:	Date 2:	Date 3:	Date 4:



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DELIVERY ADDRESS:

Contact person:	
Address:	Phone no:
	Fax no:
	Email:
Remarks:	

TRANSPLANT CENTER:

Transplant center:	Transplant physician:
Address:	Phone no:
	Fax no:
	Email:
Remarks:	

STATEMENT:

<input checked="" type="checkbox"/> I certify that we will pay the full amount requested (as listed in the registries price list, plus transportation costs) upon receipt of the invoice.
<input checked="" type="checkbox"/> I understand that the CB unit will not be allowed to return to the CB Bank inventory after shipping.
<input checked="" type="checkbox"/> I will provide information on post transplant clinical outcome when requested.

Person Completing Form:	Signature:	Date (Day/Month/Year):
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