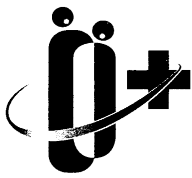

Marrow Donor Program Belgium – Registry
Motstraat 40 2800 Mechelen
Tel: (32) - 15 44 33 96 Fax: (32) - 15 44 36 56
Email : MDPB-registry@rodekruis.be

REQUEST FOR FURTHER DNA BASED CORD TYPING

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:	Date of birth: (Day/Month/Year)

PATIENT HLA TYPING:

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

PLEASE SPECIFY THE DNA TYPING REQUESTED:

Cord from registry: ☐ **URGENT REQUEST**	**Typing done on:** ☐ **reference sample** ☐ **attached segment**

☐ Low Resolution:

Cord ID:	A	B	C	DRB1	DRB3	DRB4	DRB5	DQB1	DPB1
	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐

☐ High Resolution:

Cord ID:	A	B	C	DRB1	DRB3	DRB4	DRB5	DQB1	DPB1
	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐

REQUESTING CENTER:

Hospital:	Contact name:
Address:	Phone no:
	Fax no:
	E-mail:

INVOICE ADDRESS: (to whom request for payment will be sent)

Institution:	Contact name:
Address:	Phone no:
	Fax no:
	E-mail:

Transplant center representative:	Signature:	Date (Day/Month/Year):