



## CORD BLOOD UNIT RESERVATION

### 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)
Date of birth (Day/Month/Year) :	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
I hereby reserve the above-mentioned cord blood unit for potential transplantation.	
Estimated date for transplantation:	
Diagnosis and disease status:	
Reason for not transplanting immediately:	

### PATIENT HLA TYPING:

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

**Upon reception of this form, the cord blood unit will be marked as "reserved" for two months. After that it will automatically be returned to the "active" status, unless this form is sent again with a new date on it.**

**If the transplant is scheduled rapidly, the cord blood unit should rather be requested by completing the document *MDPBCB006 cord blood unit request for transplantation*.**

Remarks:

### REQUESTING CENTER:

Transplant center:	Transplant physician:
	Contact name:
Address:	Phone no:
	Fax no:
	E-mail:

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