

CB10

**CORD BLOOD UNIT - INFORMATION AND TYPING REQUEST**

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Urgent request

PATIENT DATA						
Patient first name:			Patient last name:			
Patient registry:						
Transplant centre:						
Patient ID: <small>(assigned by patient registry)</small>			Patient ID: <small>(assigned by donor registry)</small>			
Date of birth: (YYYY-MM-DD)		Gender:	Weight: (kg)	Blood group/Rh(D):		
Diagnosis:			Estimated transplant date: (YYYY-MM-DD)			
PATIENT HLA						
Locus:	A	B	C	DRB1	DQB1	
First antigen:						
Second antigen:						
CORD BLOOD UNIT EXTENDED HLA TYPING REQUEST						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBU ID:						
ADDITIONAL CORD BLOOD UNIT DATA						
The requesting institution requests the following details:			Cord Blood Bank representative answers:			
<input type="checkbox"/> Was red cell reduction performed prior to cryopreservation?			<input type="radio"/> Yes <input type="radio"/> No			
<input type="checkbox"/> Please give the total erythrocytes of the unit:			x 10 <sup>9</sup>			
<input type="checkbox"/> Was viability testing performed on post-cryopreserved material?			<input type="radio"/> Yes <input type="radio"/> No		Testing results: % viable	
<input type="checkbox"/> Was colony testing (e.g. CFU-GM) performed on post-cryopreserved material?			<input type="radio"/> Yes <input type="radio"/> No			
<input type="checkbox"/> Was HLA verified on segment of the unit?			<input type="radio"/> Yes <input type="radio"/> No		If yes, test date: (YYYY-MM-DD)	
<input type="checkbox"/> Is maternal HLA typing available?			<input type="radio"/> Yes <input type="radio"/> No			
<input type="checkbox"/> What type of bag is used?						
<input type="checkbox"/> Please provide a detailed unit report.						
<input type="checkbox"/> Additional questions:						
Requesting institution:			Invoice address:			
Institution:			Institution:			
Address:			Address:			
ZIP code:			ZIP code:			
City:			City:			
Country:			Country:			
Attention:			Attention:			
Phone:		Fax:	Phone:		Fax:	
E-mail:			E-mail:			
Cord Blood Bank representative:		Date: (YYYY-MM-DD)		Signature:		