

S50 NOTIFICATION OF VERIFICATION TYPING SAMPLE SHIPMENTPLEASE CONFIRM RECEIPT OF THIS SHIPMENT BY COMPLETING THIS FORM AND RETURNING IT TO THE DONOR
REGISTRY.

PATIENT DATA	
Patient first name:	Patient last name:
Patient registry:	
Transplant centre:	
Patient ID: (assigned by donor registry)	Patient ID: (assigned by patient registry)
Date of birth: (YYYY-MM-DD)	
Contact person:	
Phone:	
Fax:	

DONOR DATA				
Donor registry:	ION:			
Donor ID:				
GRID:				
Date of birth: (YYYY-MM-DD)	CMV:	CMV test date: (YYYY-MM-DD)		
Gender:	Weight: (kg)	Blood group/RhD:		
Donor parity:		Transfusion history:		
Number of pregnancies: <input type="checkbox"/> Not applicable		Number of transfusions: <input type="checkbox"/> Not applicable		

SHIPMENT DATA		
Scheduled collection date: (YYYY-MM-DD)	Scheduled delivery date: (YYYY-MM-DD)	
Courier service:		
Airway bill no./tracking no.:		
ID on the donor sample label:		
DISCLAIMER: The cell products collected from this donor are intended solely for the purpose of diagnostic testing on behalf of the above mentioned patient. No other use is permissible. Excess blood volume is allowed for quality control testing only but not for research purposes. Any portion of the cells not used for the intended testing must be disposed of properly. By accepting these cells, the transplant physician also accepts these terms and conditions. Requests for deviations from these terms must be submitted in writing to the donor centre for approval.		
Person completing section(s) above:	Date: (YYYY-MM-DD)	Signature:

CONFIRMATION OF RECEIPT (To be completed by the transplant centre and returned to the donor centre)		
<input type="radio"/> A usable sample has arrived <input type="radio"/> A non-usable sample has arrived <input type="radio"/> No sample has arrived		
Comments:		
Person completing form:	Date: (YYYY-MM-DD)	Signature: