CB10 CORD BLOOD UNIT - INFORMATION AND TYPING REQUEST

☐ Urgent request

PATIENT DATA

Patient first name:	Patient last name:

Patient registry:

Transplant centre:

Patient ID: (assigned by patient registry)	Patient ID: (assigned by donor registry)

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

A	B	C	DRB1	DQB1	Other:	Other:
☐	☐	☐	☐	☐	☐	☐

CBU ID:

ADDITIONAL CORD BLOOD UNIT DATA

The requesting institution requests the following details:	Cord Blood Bank representative answers:	
☐ Was red cell reduction performed prior to cryopreservation?	○Yes ○No	
☐ Please give the total erythrocytes of the unit:	$\times 10^9$	
☐ Was viability testing performed on post-cryopreserved material?	○Yes ○No	Testing results: % viable
☐ Was colony testing (e.g. CFU-GM) performed on post-cryopreserved material?	○Yes ○No	
☐ Was HLA verified on segment of the unit?	○Yes ○No	If yes, test date: (YYYY-MM-DD)
☐ Is maternal HLA typing available?	○Yes ○No	
☐ What type of bag is used?		
☐ Please provide a detailed unit report.		
☐ 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:

WMDA