

## FORMAL REQUEST FOR AVAILABILITY CHECK (AVAC)

### PATIENT DATA

<b>Patient name:</b>	<b>Date of birth (DD.MM.YYYY):</b>
<b>Patient ID:</b> (assigned by donor's registry)	<b>EMDIS ID:</b>
<b>HUB:</b>	<b>Transplant center:</b>
<b>TC case manager:</b>	<b>HUB case manager:</b>
<b>Name:</b>	
<b>Phone:</b>	
<b>E-mail:</b>	

### DONOR DATA

<b>Donor ID:</b>	<b>GRID:</b>
<b>Donor center:</b> DKMS	
<b>Date of birth (DD.MM.YYYY):</b>	<b>Gender:</b>

### INFORMATION ABOUT PLANNED COLLECTION

<b>Product requested:</b> <input type="checkbox"/> HPC, Marrow only <input type="checkbox"/> HPC, Apheresis only <input type="checkbox"/> HPC, Marrow, second option: HPC, Apheresis <input type="checkbox"/> HPC, Apheresis, second option: HPC, Marrow <input type="checkbox"/> MNC, Apheresis
<b>Planned collection date (DD.MM.YYYY):</b>
<b>Comments:</b>

### DISCLAIMER:

- AVAC requests are only possible for donors that have already performed a Confirmatory Typing for the above mentioned patient and the reservation has expired.
- AVAC requests for subsequent stem cell donations are **not** possible.
- AVAC requests for MNC requests exceeding the 2<sup>nd</sup> MNC donation for the same patient are **not** possible.
- Only **one** donor can be requested for an AVAC for the same patient at a time.

<b>Person completing form</b> (printed name):	<b>Date (DD.MM.YYYY):</b>	<b>Signature:</b>
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Please fax the completed form to: +48 22 882 96 52 or send via e-mail to [workup@dkms.pl](mailto:workup@dkms.pl).