

FORMAL REQUEST FOR AVAILABILITY CHECK (AVAC)

PATIENT DATA

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

DONOR DATA

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

INFORMATION ABOUT PLANNED COLLECTION

Product requested: <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
Planned collection date (DD.MM.YYYY):
Comments:

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 2nd 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.

Person completing form (printed name):	Date (DD.MM.YYYY):	Signature:
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Please send the completed form via e-mail to: workup@dkms-africa.org.