

FORMAL REQUEST FOR AVAILABILITY CHECK (AVAC)

PATIENT DATA

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|--|------------------------------------|
| 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

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

INFORMATION ABOUT PLANNED COLLECTION

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|---|
| 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.

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|---|---------------------------|-------------------|
| Person completing form (printed name): | Date (DD.MM.YYYY): | Signature: |
|---|---------------------------|-------------------|

Please fax the completed form to: +49 7071 943 1399 or send via e-mail to workup@dkms.de.