

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:								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">TC case manager:</td> <td style="width: 50%; border: none;">HUB case manager:</td> </tr> <tr> <td style="border: none;">Name:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Phone:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">E-mail:</td> <td style="border: none;"></td> </tr> </table>		TC case manager:	HUB case manager:	Name:		Phone:		E-mail:	
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:
-----------------------------------------------	---------------------------	-------------------

Please fax the completed form to: +44 208 747 5668 or send via e-mail to workup@dkms.org.uk.