

FORMAL REQUEST FOR HEALTH AND AVAILABILITY (HAC)

PATIENT DATA

DATE OF HAC REQUEST:	
Patient first name:	Patient last name:
Date of birth (DD.MM.YYYY):	Gender:
Diagnosis:	
Patient ID: (assigned by donor's registry)	EMDIS ID:

PATIENT HLA

Locus	First Value	Second Value
A*		
B*		
C*		
DRB1*		
DQB1*		
DPB1*		

Requesting Partner (HUB):
Requested Method (PBSC or BM):
Planned TX date:
Coordinator:
Email Address:
Transplant Center:

SELECTED DONOR(s)

Donor center: DKMS		
	Donor ID(s)	GRID number(s)
1.		
2.		
3.		
4.		
5.		

DISCLAIMER:

- A HAC should be performed **instead of**, and not in advance of a CT request. It is not intended that the TC request a CT after a completed HAC. If the donor's IDM testing results are needed for donor selection, a CT would be the adequate initial request
- Similar to CT, the donor will be informed, a health check and medical clarification will be performed.
- IDMs and HLA confirmation need to be performed in a subsequent CT+WU request.
- With the completeness of information sessions, the donor will be reserved for 3 months

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