

PARALLEL CT + WU REQUEST ADDITIONAL FORM FOR CT SAMPLES

CT and HPC, Marrow	CT and HPC, Apheresis
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PATIENT DATA

Patient name:	Date of birth (DD.MM.YYYY):
Patient ID: <small>(assigned by donor's registry)</small>	EMDIS ID:
Transplant center:	

DONOR DATA

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

CONFIRMATORY TYPING SAMPLES

Are additional confirmatory samples required?	Yes	No	(Pre-collection samples will be used for CT)
Samples type (max. 50 ml incl. pre-collection samples):	ml Heparin ml no anticoagulant	ml EDTA ml ACD	ml Other:

SHIPPING ADDRESS FOR CONFIRMATORY TYPING SAMPLES

Institution:	
Attention (optional):	
Address:	
Zip code:	
City:	
Country:	

DISCLAIMER:

- Please note that this request contains a CT and a WU request. If no HAC has been completed yet, the donor's availability has not yet been confirmed. In this case, the probability of the donor dropping out for medical or personal reason is increased.
- The blood samples from the donor will be collected at day of physical examination and are intended for the purpose of HLA testing on behalf of the above-mentioned patient. Excess blood volume is allowed for quality control testing only but not for research purposes.
- Courier for blood sample shipment will be chosen by the Donor Center. If you prefer a specific courier service inform the DC upfront.
- The results of the CT of the donor and a confirmation to proceed are required to be sent at least before conditioning of the patient or G-CSF injection of the donor.

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