

FORMAL REQUEST FOR HEALTH AND AVAILABILITY CHECK (HAC)

Date of HAC request:

PATIENT INFORMATION

DKMS ID:

(assigned by DKMS Registry)

EMDIS ID:

Requesting patient registry:

Transplant center:

SELECTED DONOR(s)

GRID number(s)

1.

2.

3.

4.

5.

ADDITIONAL INFORMATION

Requested method (PBSC or BM):

Planned collection date:

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: