

FREE TYPING PROGRAM FOR RELATED DONORS

only requests from responsible transplant centers will be accepted

PATIENT INFORMATION

First Name:	Last Name:	
Date of Birth (DD-MM-YYYY):		
HLA data of patient attached	yes	no, will follow asap

CONTACT AT TRANSPLANT CENTER

Results should be sent to	Physician	BMT Coordinator
Title:	First Name:	Last Name:
Name of transplant center:		
Street:		
House no.:		
City:	Zip Code:	Country:
E-mail:		
Phone.:		

Person completing form:	Signature:	Date (DD-MM-YYYY):
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RELATED DONOR INFORMATION (please provide as accurate and detailed information as possible)

First Name:	Last Name:	
Street:		
House no.:		
City:	Zip Code:	Country:
E-mail:	Mobile:	
Date of Birth (DD-MM-YYYY):	Relationship to patient:	
English speaking donor:	yes	no
If <u>no</u>, please provide English speaking contact person for organizational reasons		
Name:	Relationship to donor:	
Tel:	E-mail:	

LABORATORY FOR EVALUATION (please choose which laboratory you need)

DKMS laboratory (Dresden, Germany)
Own laboratory (name of laboratory, contact person, address):

COLLECTION OF DONOR

If donor is a match, how do you plan to organize the collection?
Stem cells will be collected in our center
We are interested in DKMS coordinating the collection (for more information please contact familydonors@dkms.org)

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ADDITIONAL INFORMATION

Is the related donor over 18 years old?	Yes	No
Is the related donor aware this request has been made?	Yes	No
Is the related donor educated on potentially becoming a stem cell donor?	Yes	No
Is the related donor willing to travel to your center for collection?	Yes	No
Is the related donor willing to travel to a country with a DKMS location* for collection?	Yes	No

* Germany, Poland, UK, Chile, India, South Africa

This Family Typing Form does not require a signature for release. However, submitting this document to DKMS will initiate the process of contacting the related donors and their sample typing.