DKMS
WE DELETE BLOOD CANCER

gemeinnützige GmbH
Kressbach 1
72072 Tübingen, **Germany**

Contact: TCS
T +49 7071 943 – 1941 / 1942
F +49 7071 943 1999
tcs@dkms.de

FREE TYPING PROGRAM FOR RELATED DONORS

only requests from responsible transplant centers will be accepted

RELATED 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):

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 no, 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)**