DKMS
WE DELETE BLOOD CANCER

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:
- HAC requests can be performed instead of a Confirmatory Typing for the above mentioned patient.
- 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 6 weeks (an extension of reservation for 3 more months is possible)

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