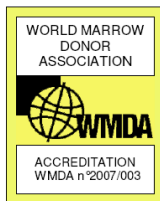


Italian Bone Marrow Donor Registry
Form RC300 (V4 1/1 Apr. 2007)

n° : _____ Date: ___/___/___



*Preliminary
 Search request*

Date of Request: mm/dd/yyyy	Type of Search to be performed: Stem Cell Donors Only Cord Blood Units Only Stem Cell Donors & Cord Units	Are mismatches accepted? Si No
Last name:		First Name:
Date of Birth: mm/dd/yyyy	Gender: Male Female Weight:kg.	CMV Status: Positive Negative Unknown
Diagnosis:		Date of diagnosis: mm/dd/yyyy
Race (optional):		

Patient HLA typing class I:

	A	B	C
First antigen/allele:			
Second antigen/allele:			

Patient HLA typing class II:

	DRB1	DRB3/4/5	DQB1	DPB1
First antigen/allele:				
Second antigen/allele:				

Are aplotypes been defined? YES NO

Requesting Registry:		
Coordinator:		
Telephone:	Fax:	E-mail:
Transplant Center:		