

n° : _____ Date: ____/____/____



HPC-Cord Blood Unit

master request

Patient data

Last name:First:

Sex: M F Date of birth:..... Weight:.....Kg Diagnosis:.....
mm/dd/yyyy

Patient HLA Typing	A	B	Cw	DRB1	DRB3	DRB4	DRB5	DQB1

Requesting Center

Institution in charge of the payment

Address:.....

City: Zip Code: Country

Tel: Fax : Email:.....

HPC-CBU request

HPC-CBU identification code/s:.....

Typing request		
HLA –A	LR	HR
HLA –B	LR	HR
HLA –Cw	LR	HR
HLA –DRB1	HR	
HLA –DQB1	HR	
Other (specify).....		

Unit report
Unit reservation*
*Please provide the transplant schedule:
.....
.....
Other (Specify):
.....

Date of request :

Signature:.....