Reset

Italian Bone Marrow Donor Registry

Form RC300 *(V6 1/1 Aug. 2024)*

WMDA Accredited

Preliminary
Search request

PATIENT DATA:

Patient ID code:				
Diagnosis:		Current disease status:		
Date of birth (mm/dd/yyyy): ……	Gender:	Weight: kg	CMV:	Blood group:

Date of Request: …… mm/dd/yyyy	Type of Search to be performed: ☐ Adult Donors Only ☐ Cord Blood Units Only ☐ Adult Donors & Cord Units	Are mismatches accepted? ◯ YES ◯ NO

PATIENT HLA TYPING class I

	A	B	C
First allele:			
Second allele:			

PATIENT HLA TYPING class II

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

REGISTRY

Requesting Registry:	
Coordinator:	
Telephone:	E-mail:

TRANSPLANT CENTRE

Hospital:	Contact Name:
Address:	Email :