

Italian Bone Marrow Donor Registry

Form RC301 (V6 1/1 Aug. 2024)



Search Activation 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
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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 :