Reset

Italian Bone Marrow Donor Registry

Form RC305-cb *(V9 1/1 Aug. 2024)*

WMDA Accredited

HPC-Cord Blood Unit master request

Patient data

Patient ID: …….. Date of birth (mm/dd/yyyy): ……..……..

Sex: ○ M ○ F Weight: ……Kg Diagnosis: ……..…..……

	A*	B*	C*	DRB1*	DRB3*	DRB4*	DRB5*	DQB1*
Patient HLA Typing								

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 HR ☐

HLA –B HR ☐

HLA –C HR ☐

HLA –DRB1 HR ☐

HLA –DQB1 HR ☐

Other (specify)……

☐ **Unit report**

☐ **Unit reservation***

*Please provide the transplant schedule:

……..……

……..……

Other (Specify):……..……

……..

Date of request : …… Signature:……..

Send (via email) to → I.B.M.D.R. search@galliera.it - phone +39/010/5634434-5