Reset

Italian Bone Marrow Donor Registry

Form RC306 *(V5 1/1 Aug. 2021)*

WMDA Accredited

Blood sample shipment request

The TC ……

requests for the patient (patient ID):……..……

Patient HLA typing class I:

	A*	B*	C*
First allele:			
Second allele:			

Patient HLA typing class II:

	DRB1*	DRB3/4/5*	DQB1*
First allele:			
Second allele:			

a peripheral blood sample shipment from the donor(s):

1) GRID…… 2) GRID……..

Peripheral blood sample specimens:

……mLs EDTA ……mLs ACD

……mLs Heparin ……mLs Clotted

Other:……..….mLs

Notification of arrival of blood samples:……
(please, state number of days advanced warning required)

Shipping Details

Contact person: ……..……

Institute: ……..……...

Address: ……...……

City: …….. Country: ……..……..

E-mail :……

Phone.: ……..

DISCLAIMER: the cell products collected from the donor are intended solely for the purpose of diagnostic testing on behalf of the above mentioned patient. No other use is permissible. Excess blood volume is allowed for quality control testing only but not for research purposes. Any portion of the cells not used for the intended testing must be disposed of properly. By accepting these cells, the transplant physician also accepts these terms and conditions. Requests for deviations from these terms must be submitted in writing to the donor registry for approval.

Date: ……..…… Signature:……