

Italian Bone Marrow Donor Registry

**Form RC300** (V5 1/1 mar. 2019)

n°: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



*Preliminary  
Search request*

Date of Request: ..... mm/dd/yyyy	Type of Search to be performed: Stem Cell Donors Only Cord Blood Units Only Stem Cell Donors & Cord Units	Are mismatches accepted? Sì No
Patient ID:		
Date of Birth: ..... mm/dd/yyyy	Gender: Male Female Weight: .....kg.	CMV Status: Positive Negative Unknown
Diagnosis:	Date of diagnosis: ..... mm/dd/yyyy	
Race (optional):		

**Patient HLA typing class I:**

	A	B	C
First antigen/allele:			
Second antigen/allele:			

**Patient HLA typing class II:**

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

Are aptotypes been defined?    YES    NO
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Requesting Registry:		
Coordinator:		
Telephone:	Fax:	E-mail:
Transplant Center:		