Italian Bone Marrow Donor Registry

Form RC301-r *(V2 1/1 Jan. 2015)*

WORLD MARROW DONOR ASSOCIATION
WMDA
ACCREDITATION WMDA n°2007/003

Search re-activation request

Patient data:

Last name:……First name:……

Gender: M F Race*: C O N Date of birth ……..……

* C = Caucasian A = Asian B = Black

mm/dd/yyyy

If age > 71 years,
IRB approved protocol required

Registry/Institution in charge of the payment:……

Address:……..

City:……..Zip Code:……Country:……

Diagnosis:

Fanconi's Anemia
ALL 1st CR high risk
ALL 2nd CR
AML 1st CR high risk
AML 2nd CR
AML 3rd CR
CML 1st CP
Myelofibrosis
MDS high risk
Lymphoblastic lymphoma
LNH
CLL
Multiple Myeloma
SAA
Inborn errors (Specify):……..
Hodgkin Lymphoma
Neuroblastoma
Other (Specify):……

Date of primary diagnosis: ……(mm/dd/yyyy)

Source of HSC *(Please fill in a numeric value next to the products to indicate preference):

☐ Bone Marrow ☐ PBSC ☐ HPC-Cord Blood Unit ☐ Not stimulated Lymphocytes

(Patient's weight)

…… Kg.

***1** First preference **2** Second preference **0** Not desiderated

Transplant Center:

TC Code: ……..

Referring physician: ……..

Signature: ……..Date:……

Send to (via fax) a → I.B.M.D.R. - Via Volta, 19 - 16128 GENOA - tel. +39-010/5634434-5 fax +39-010/57481888