

# CORD BLOOD UNIT SHIPMENT REQUEST



Transplant Centre \_\_\_\_\_ SCBB Ref. ID., *If any* \_\_\_\_\_

Registry, *if applicable* \_\_\_\_\_ Patient Type \_\_\_\_\_

## PATIENT AND CBU INFORMATION

Full Name \_\_\_\_\_ Diagnosis \_\_\_\_\_

Patient ID \_\_\_\_\_ Gender \_\_\_\_\_

ABO RhD \_\_\_\_\_ Weight (kg) \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

## CORD BLOOD TO BE SHIPPED

CBU ID:  CBU ID:  CBU ID:

## TRANSPLANT DETAILS

Transplant Type \_\_\_\_\_ Shipment Date: \_\_\_\_\_ Infusion Date: \_\_\_\_\_

- I confirm the recipient has been fully advised of the risks involved and has given their consent.
- Regarding the cord blood unit designated above, I verify that the ABO and Rh type, degree of HLA match, Total Nucleated Cell and CD34+ cell dose, compatibility testing results and infectious disease results are acceptable to proceed with cord blood unit shipment for the above recipient. In addition, the procedures are in place for the receipt, storage, and thawing/washing/infusion of cord blood units at this transplant centre.
- I understand that once a cord unit has left the bank, irrespective of the cord is infused or not, there are no returns and payment is due.

Additional Instruction \_\_\_\_\_  
\_\_\_\_\_

	Delivering Information	Invoicing Details
Attn. / Name:		
Address:		
Phone No.		
Fax No.		
Email:		

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Ordering Physician: \_\_\_\_\_

Send the completed form to [search@scbb.com.sg](mailto:search@scbb.com.sg)

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