



**ARGENTINE STEM CELL DONOR  
REGISTRY**

Ramon Carrillo 489 3er Piso  
C1275AHI- Buenos Aires - Argentina  
Tel.: 54 11 5533-1311  
Fax: 54 11 5533-1310  
E-mail: registro@incuca.gov.ar

**BLOOD SAMPLE REQUEST FOR CONFIRMATORY TYPING**

**TO:**


**PATIENT DATA:**

<b>Patient name:</b>
<b>D.O.B.:</b> (day/month/year)
<b>Diagnosis:</b>
<b>Patient ID number:</b> (assigned by patient's registry)
<b>Patient ID number:</b> (assigned by donor's registry)

**PATIENT'S HLA TYPING (if not previously submitted):**

<b>A*</b>	<b>B*</b>	<b>C*</b>	<b>DRB1*</b>	<b>DQB1*</b>
<b>A*</b>	<b>B*</b>	<b>C*</b>	<b>DRB1*</b>	<b>DQB1*</b>

**DONOR IDENTIFICATION(S)**

<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	

**COMPONENTS REQUIRES max. 50ml.**

<b>EDTA</b>		<b>mls.</b>
<b>Heparin</b>		<b>mls.</b>
<b>ACD</b>		<b>mls.</b>
<b>Clotted</b>		<b>mls.</b>
		<b>mls.</b>

**DATE ARRANGEMENTS**

<b>Preferred date to received samples</b>	
<b>Alternative date</b>	
<b>Second alternative date</b>	
<b>Days of advance notice required</b>	

**ACCEPTABLE DAYS OF WEEK**

<b>Monday</b>	<b>X</b>
<b>Tuesday</b>	<b>X</b>
<b>Wednesday</b>	<b>X</b>
<b>Thursday</b>	<b>X</b>
<b>Friday</b>	<b>X</b>

**DELIVERY ADDRESS**

	<b>Name</b>	
	<b>Phone</b>	
	<b>e-mail</b>	
<b>Signature:</b>	<b>Date:</b>	