

## HONG KONG BONE MARROW DONOR REGISTRY

Managed by Hong Kong Red Cross Blood Transfusion Service Supported by Hong Kong Marrow Match Foundation

## UNRELATED HAEMATOPOIETIC STEM CELL DONOR PRELIMINARY SEARCH REQUEST FORM

## \*Require fields

Patient Data					
Family Name*		Given Name*		Name in Chinese	
HKID / Patient		HKBMDR Case			
ID*		ID	for office use)		

Medical details				
CMV status*		Blood group & Rh. *		
Ethnicity*		Weight (kg) *		
Birth date*	DD-MM-YYYY	Gender*	OMale	OFemale
Diagnosis*		Diagnosis date*		
Diagnosis Status*		<b>-</b>	•	

HLA details					
Class I	Class II	Class II			
HLA-A*	HLA-DRB1*				
HLA-B*	HLA-DQB1				
HLA-C*	HLA-DPB1				
	Extra Class II				
	loci				

Additional Information						
Single Child? *	OYes ON	0	Any HLA matched family member? *	OYes	ONo	
HLA Antibody so	reen report*	OYes	ONo			

Search type*		
ORun a donor search	ORun donor and cord search	ORun a cord search

Requesting Hospital /			Referring			
Registry*			Physician			
Name of Coordinator*			Email*:			
			Telephone:		+	
Transplant Center*			Date of request:			
FOR HKBMDR use	Prin	nted by/on:		Checked by	by/on:	
FOR CBB use	CBI	3B Ref No.			l of BTS Physician gnature/date):	

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