

INTERNATIONAL PRICE LIST

Effective on 1 November 2021

Item Code	Item Description	Price (€)
NA	Preliminary Search	FREE
	HLA Typing	
720-003	Donor HLA-DRB1 Low/ Intermediate Resolution Testing ⁽¹⁾	215.00
720-005	Donor HLA-C Low/Intermediate Resolution Testing	215.00
720-006	Donor HLA-DQB1 Low/ Intermediate Resolution Testing	215.00
720-101	Donor HLA-A High Resolution Testing	245.00
720-102	Donor HLA-B High Resolution Testing	245.00
720-103	Donor HLA-DRB1 High Resolution Testing ⁽¹⁾	245.00
720-105	Donor HLA-C High Resolution Testing	245.00
720-106	Donor HLA-DQB1 High Resolution Testing	245.00
720-107	Donor HLA-DPB1 High Resolution Typing	245.00
	Verification Typing/ Specimen procurement	
720-304	Donor Extended Intermediate Resolution Typing (HLA-A,B,C,DRB1,DQB1)	675.00
730-303	CBU Post Thaw HLA-A,B,DRB1 Intermediate Resolution Typing	445.00
730-304	CBU Post Thaw Extended Intermediate Resolution Typing (HLA-A,B,C,DRB1,DQB1)	675.00
720-401	Blood Sample/ DNA specimen Procurement for Donor Verification Typing ⁽²⁾	385.00
720-402	Donor Infectious Diseases and ABO Testing ⁽³⁾	180.00
720-597	Special Courier Sample Transport ⁽⁴⁾	310.00
730-401	CB Sample Procurement (Non-viable for DNA)	385.00
730-402	CB Maternal DNA Procurement (minimum 3µg)	245.00
730-403	Post CBU Thaw Testing (Viability, CFU,CD34, TNC)	345.00
	Graft Procurement	
720-751	Stimulated Cell Procurement (PBSC)	15,000.00
720-752	Bone Marrow Procurement (BM)	15,000.00
720-753	Unstimulated Leukapheresis Procurement (DLI)	3,500.00
720-754	Graft Procurement Cancellation Fee Before Medical Examination	975.00
720-755	Graft Procurement Cancellation Fee After Medical Examination ⁽⁵⁾	1,950.00
720-756	Graft Postponement Fee (for each postponement)	975.00
720-757	Repeat Infectious Diseases and ABO Testing ⁽⁶⁾	385.00
720-758	Repeat Pre-collection Samples ⁽⁶⁾	385.00
730-651	Cord Blood Unit Procurement	15,000.00
730-652	Double Cord Blood Unit Procurement (both Units)	20,000.00
730-654	Cancellation Fee prior to the CBU removed from Inventory	1,000.00
730-655	Cancellation Fee after the CBU removed from Inventory	15,000.00
720-697	Graft Transport Expenses	Actual cost

Notes:

- (1) HLA-DRB1 typing **does not** include the testing of the DRB3/4/5 alleles; it should be explicitly ordered. In this case DRB3/4/5 testing will be charged separately as a high resolution testing. The requesting institution should be aware of the linkage between HLA-DRB1 and DRB3/4/5.
- (2) The fee for the blood sample/ DNA specimen procurement for donor verification typing **does not** include infectious disease testing. Specimen shipment is free of charge when standard courier service is used within Europe.
- (3) IDM testing is a separate fee from the sample/specimen procurement. It is charged as a separate fee. All VTs are tested for IDMs. IDM testing includes: anti-HIV I-2, HTLV I&II, Hepatitis B virus (HBsAg, Anti-HBsAg, Anti-HBc), Hepatitis C virus (HCV, anti-HCV), CMV IgG and IgM, Syphilis and ABO –Rh testing.
- (4) In the case of a special courier transport request (other than the standard courier) and in shipments out of Europe a special courier transport fee will be applied.
- (5) In this case the cancellation fee is based on costs of medical examination of the donor. Requesting centers cancelling after the donor has commenced mobilization (in case of the PBSC donation) should note that additional fees will incur i.e. 975 Euro G-CSF injections per donor.
- (6) First IDMs testing or sample procurement for IDM testing and first pre-collection samples at workup will not be charged; each thereafter will be invoiced separately.

General Terms:

- Full reimbursement for all services will be provided in case of discrepancies in typing results provided.
- Sample shipment should not exceed 50ml of blood. CYBMDR requires reporting of the results of the confirmatory typing and a statement if the donor is of interest to the TC within four weeks.
- WMDA recommendations apply as regulations for all CYBMDR registry operations.

Terms of Payment

The total amount is due within 30 days.

- Please quote our invoice number(s).
- Payment must be made by money order to (or a bank draft, expressed in EURO for the full amount invoiced free of bank charges):

Bank of Cyprus
IBAN: CY77 0020 0173 0000 0040 000692 48
Swift Code: BCYPCY2N
Account Number: 0173-40-000692-48
Bank Account Currency: EURO

REGISTRY: Cyprus Bone Marrow Donor Registry, CYBMDR

REGISTRY EMAIL: cybmdr@karaiskakio.org.cy

ADDRESS: 15 Nicandros Papamina Ave. 2032 Nicosia, Cyprus or (POBox 22680, 1523 Nicosia, Cyprus)

TELEPHONE: +357 22772700

FAX: +357 2277288

ADMINISTRATIVE OFFICER: Julie Kitromelides

ADMIN EMAIL: admin@karaiskakio.org.cy