FRANCE GREFFE DE MOELLE

INTERNATIONAL PATIENT'S REGISTRATION FORM

☐ **1st transplant** ☐ **subsequent transplant**

Date of request: _____/_____/_____ *(dd/mm/yy)*

1. PATIENT

LAST NAME:

First name:

DOB: _____/_____/_____ *(dd/mm/yy)*

ABO Rh: !ø"â'< Weight: _____ kgs

Sex: ☐ M ☐ F CMV: _____

2. PERSON COMPLETING THE FORM

Name: _____

Registry: _____

City: _____

Phone: _____

Fax: _____

3. SEARCH ID

_____

4. DIAGNOSIS

- ☐ Bone Marrow Failure Syndrome - BMFS
- ☐ Red blood Cell Disease
- ☐ Acute Lymphoblastic Leukemia - ALL
- ☐ Acute Myeloblastic Leukemia - AML
- ☐ Chronic Myelocytic Leukemia - CML
- ☐ Myelodysplastic Syndrome - MDS
- ☐ Lymphoplasmocytic Syndrome
- ☐ Primary constitutional Immunodeficiency
- ☐ Hodgkin's Disease
- ☐ Non Hodgkin Lymphoma
- ☐ Constitutional Platelets Abnormalities
- ☐ Metabolic Disease
- ☐ Histiocytic Disorder
- ☐ Other malignant disease
- ☐ Other non malignant disease
- ☐ Other Leukemia *(specify)*: _____

_____

DISEASE STATUS _____

Date of diagnosis: ____/____ *(mm/yy)*

5. TRANSPLANT PHYSICIAN

Name: _____

I confirm that the patient agreed to the transmission of his/her enclosed personal data to the FGM Registry.

Signature:

	1st haplotype	2nd haplotype
SEROLOGY	A _____ B _____ DR _____	A _____ B _____ DR _____
DNA TYPING	A* ___:_____:_____:_____ __ B* ___:_____:_____:_____ __ C* ___:_____:_____:_____ __	A* ___:_____:_____:_____ __ B* ___:_____:_____:_____ __ C* ___:_____:_____:_____ __
	DRB1* ____:_____:___:___ __ DRB3* ____:_____:___:___ __ DRB4* ____:_____:___:___ __ DRB5* ____:_____:___:___ __ DQB1* ____:_____:___:___ __ DQA1* ____:_____:___:___ __ DPB1* ____:_____:___:___	DRB1* ____:_____:___:___ __ DRB3* ____:_____:___:___ __ DRB4* ____:_____:___:___ __ DRB5* ____:_____:___:___ __ DQB1* ____:_____:___:___ __ DQA1* ____:_____:___:___ __ DPB1* ____:_____:___:___

SEARCH REQUEST

☐ **PRELIMINARY** ☐ **REPEAT**

- ☑ ABDR match
- ☐ A mismatch
- ☐ B mismatch
- ☐ DR mismatch
- ☐ CBU

To be sent to:

FRANCE GREFFE DE MOELLE Registry
Agence de la biomédecine
1 avenue du Stade de France
93212 SAINT-DENIS LA PLAINE cedex - FRANCE

Fax: **+33-1-49 98 38 71**
E-mail: **coordination.fgm@biomedecine.fr**