



<b>PATIENT</b>	ID: _____
	TC: _____
	Registry: _____

<b>DONOR</b>	GRID: _____
	DC: _____
	Registry: FRANCE GREFFE DE MOELLE

**INFECTIOUS DISEASE MARKERS LIST**

The French donor centre routinely performs the following infectious disease markers tests for their recruited donors. The tests are performed on blood samples drawn within 30 days prior to collection.

- . Syphilis
- . HBs antigen
- . anti-HBc
- . anti-HBs (if anti-HBc positive)
- . HBV NAT
- . anti-HIV1.V2 / p24 Ag (combined test used)
- . HIV NAT
- . anti-HCV
- . HCV NAT
- . anti-HTLV1.V2
- . CMV antibodies (IgG **or** total)
- . EBV antibodies (IgG **or** total)
- . Toxoplasmosis antibodies (IgG mandatory and IgM upon request)

**FOR TRANSPLANT CENTRE USE**

*This request should be sent to FRANCE GREFFE DE MOELLE Registry before the donor medical check-up.*

**ADDITIONAL IDM TO BE PERFORMED BY DONOR CENTRE**

NO

YES

If YES, please list the additional markers to be performed:

_____	_____
_____	_____
_____	_____

Person completing the form: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Signature: \_\_\_\_\_