



PATIENT	ID: _____
	TC: _____
	Registry: _____

DONOR	GRID: _____
	DID: _____
	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: _____