

Request Form for Düsseldorf Cord Blood

Institute for Transplantations Diagnostics and Cell Therapeutics
(incl. Bone Marrow Donor Registry and Cord Blood Bank)
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Email: cbb@med.uni-duesseldorf.de
www.stammzellbank.de

Tx-Center / Registry: _____
Contact Person: _____
Phone: _____ Fax: _____

Data of the Patient

Family Name: _____ First Name: _____
Date of birth (dd/mm/yy): _____ Gender: _____ female / male
Patient-ID: _____ Weight: _____ kg
Diagnosis: _____ Ethnicity: _____
HLA – Typing: A* _____ DRB1* _____
 B* _____ DQB1* _____
 C* _____

Search Request

DUCB **URGENT!**

A* low resolution A* high resolution DRB1* high resolution
 B* low resolution B* high resolution DRB3*/4*/5* high resolution
 C* low resolution C* high resolution DQB1* high resolution

Package 1: A*/B*/C*/DRB1* high resolution Package 2: A*/B*/C*/DRB1*/DQB1* high resolution

Unit Report Reservation (for three months) DNA – sample (standard amount: 100µl)

Shipping address: _____ _____ _____ _____	Invoice address: _____ _____ _____ _____
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date: _____ completed by: _____