



Worksheet

CBB W 010.004.003/15.2

Cord Blood Unit Order Request

ORDERING INFORMATION

Cord Blood Unit DIN:

Additional samples to be shipped with the CBU¹:

Additional testing requirements²:

1. Please refer to the CBU detailed report for additional samples availability
2. Verification typing on attached segment and potency testing on thawed sample are routinely performed upon CBU request

REQUESTING ORGANIZATION

Institution:

Contact person:

Address:

Tel:

Tel.:

Cell.:

Fax:

Fax:

Email:

Email:

RECIPIENT

Name:

Ethnicity/Race:

Registry ID:

Gender:

Transpl. Physician:

Diagnosis:

Transplant Center:

Disease stage:

T.C. Accreditation

Weight:

Status:

ABO/Rh:

Recipient HLA Typing	A*		B*		C*			
	DRB1*		DQA1*		DQB1*		DPB1*	





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SHIPPING DETAILS

Start of preparative regimen:

TBI†: Yes No

Projected Transplant Date:

RIC*: Yes No

Conditioning agents:

**Type of Transplant
(check all that apply):**

Single unit transplant

Multiple unit transplant

Ex-vivo expansion
transplant

Other non-traditional Transplant

If Other describe:

Proposed Shipment date:

Shipment to be arranged by: The Hellenic Cord Blood Bank

(The HCBB is using WORLD COURIER for Int. Shipments)

The Requesting Registry

Please attach your courier service details and account details as applicable in order to arrange the pick-up

Receiving Institution:

Address:

City / Postal Code

Country:

Tel.:

Fax:

Contact person:

Tel:

Fax:

Cell:

Email:

Invoiced Institution:

Invoice Address:

Tel.:

Fax:

† Total Body Irradiation * Reduced Intensity Conditioning





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Regarding the cord blood unit designated above, I verify that the ABO and Rh type, degree of HLA match, Total Nucleated Cell dose, compatibility testing results, and infectious disease results are acceptable to proceed with cord blood unit shipment for the above recipient. In addition, the necessary procedures are in place for the receipt, storage, and thawing/processing/infusion of cord blood units at this transplant center.

Form completed by : _____

Date: _____

**Form completed on behalf of
(if applicable):** _____

Ordering Physician: _____

Signature: _____

Please print and complete this form and send it by:
email to registry-hcbb@bioacademy.gr

or by fax to **+30 210 65 97 342**

RECOMMENDATIONS TO THE TRANSPLANT CENTER:

1. The Cord Blood Bank requests that transplant centers not reveal confidential information, such as time and date of the collection, to the recipient, recipient's family OR clinical personnel.
2. The Clinical Program should ensure receipt of the CBU prior to initiation of the recipient's preparative regimen.
3. The Transplant Center should take into account that the return of unrelated CBUs is not permitted, in part as a protection for the CBB. Clinical Programs need to be certain that they are prepared to accept responsibility for the package prior to its release from the CBB.

